

CLIENT OUTCOMES INITIATIVE TRAINING MANUAL CONTENTS

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How to Use this Manual

This instruction manual contains information on the three instruments developed by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services to collect client outcome information. It is designed to be used with an instructional videotape that covers the same information with a speaker and instructional slides.

The first section of the manual contains an introduction and general instructions applicable to all three instruments.

The following sections contain the Early Intervention Client Outcome Inventory and instructions, the Developmental Disabilities Client Outcome inventory and instructions, and the Mental Health/Substance Abuse Client Outcome Inventory and instructions. The sections are independently numbered and may be duplicated and used separately.

The Operations Sections contains information about the data files that are returned to area programs, and how information should be submitted to the Division for processing.

The Question and Answer section contains information in a question and answer format to help clarify the instruments and instructions.

Questions about the three instruments, the EI COI, the DD COI and the MH/SA COI or operations issues should be directed to your area program outcomes coordinator. Area program outcomes coordinators should submit the questions to the Outcomes Manager, Kitty Herrin, Decision Support Branch, DMH/DD, SAS at 919 733-7260 or Kitty.Herrin@ncmail.net.

NC Division of MH/DD/SA Services

Client Outcomes Initiative

1999 - 2000

Introduction

The Client Outcomes Initiative of the Division of MH/DD/SAS has been implemented to improve the ability of the Division to look generally at a sample of all clients served, and to begin tracking client progress over time. A demand for more accountability and better ways to measure efficiency and efficacy of services, has come from the mental health field in general, from funders at the state and federal levels, and as a result of pressures from the expansion of managed care.

Data about the persons served through the Division of Mental Health, Developmental Disabilities and Substance Services and area programs is incomplete. Although a number of outcome studies have been done in the Division and in area programs throughout the last decade, these studies are age or disability-specific, and do not attempt to look at a sample of all of the clients served through the public system.

Thus, the overall goal of the Client Outcome Initiative is to develop instruments to collect basic information about clients across all ages and disabilities. A major goal is to devise a way to look, in a very simple way, at client progress. Three Client Outcome Inventories (COIs) have been developed. A second goal is to provide data to support continuous quality improvement activities and the accreditation process. Outcome data can flag indicators to allow the Division to identify situations that deserve further study, require additional training, or to identify areas of best practice that can be shared statewide.

Three separate forms, with coordinated implementation, training and operation have been developed. Persons whose client numbers end in 3 or 6 are included in the sample, which yields a COI sample of 20 % of all clients admitted. These forms are the first steps in the development of a comprehensive client outcome initiative.

Instrument	Client Population
Early Intervention COI (EI COI)	All children birth through five years
Developmental Disabilities COI (DD COI or DCOI)	Persons with primary disability of DD, ages 6 years and older
Mental Health/Substance Abuse COI (MH/SA COI)	Persons with primary disability of MH and/or SA, ages 6 years and older

Purpose

The Outcome Initiative will assess the progress of individuals from different sub-populations based on the following domains:

1. Residential Appropriateness (MH/SA, DD, EI)
2. Participation and Inclusion (MH/SA, DD, EI)
3. Choice (MH/SA, DD, EI)
4. Involvement in Employment/Education (MH/SA, DD)
5. Involvement in the Criminal Justice System (MH/SA, DD)
6. Substance Use (MH/SA, DD)
7. Functioning and Reduction of Symptoms (MH/SA)
8. Crisis Utilization (MH/SA)
9. Access to Services (DD, EI)
10. Well Being (DD, EI)
11. Improved Child and Family Skills (EI)

The Client Outcomes Initiative will enable the Division and area programs to:

1. Collect baseline information about clients served
2. Begin measuring client outcomes in the domains noted above, and to gain experience in developing appropriate measures
3. Develop expertise in operationalizing the collection and analysis of system-wide outcome data, especially repeated measures for the same individuals.

Client Outcome Inventory Forms

Each Client Outcome Inventory (COI) Form is one page, front and back. The order of questions is, to some extent, dictated by the constraint of keeping the instrument on one page. The questions may be discussed in any order that is comfortable to the client and the clinician completing the form.

The current forms are the products of field testing, field use by all area programs for up to 6 months, and feedback solicited by the Division during the summer of 1999.

Items on the inventories should be completed based on a face to face interview with the client or significant others, along with other information that is readily available to the clinician. It is not necessary to get information from other data sources, such as employers, schools, law enforcement, etc.

Information that is stored in other Division and area program databases is not requested on the COIs, except for data that is needed to efficiently link databases or administer the outcome measurement process. As part of the COI operations, COI data will be electronically stored and enriched with demographic and diagnostic data from the Division's Consumer Data Warehouse.

Coordination with Other Division Initiatives

The Client Outcomes Initiative has been coordinated with other related DMH/DD/SAS initiatives that are developing concurrently:

Consumer Data Warehouse (CDW): As part of COI operations, COI data will be 'enriched' with demographic and diagnostic data from the CDW. Data items that are on both the CDW and COI (such as living arrangement and employment status) have been standardized so that the same categories and codes are used.

NC TOPPS: Clients who are completing the NC TOPPS form will not complete the MH/SA or DD COI.

Council on Accreditation (COA) Requirements: A crosswalk has been developed to indicate where COI data may be used by area programs in their CQI process to help meet COA requirements.

Client Satisfaction Survey: The current Client Satisfaction Survey will continue to be used. Matches for clients who have done both the Satisfaction Survey and one of COIs will be done whenever possible.

Implementation and Training

The revised version of the MH/SA COI, and the new DD and EI COIs are to be used effective October 1, 1999. An instructional videotape describes the implementation of each instrument and should be used along with this manual.

The requirement that area programs administer the Client Outcome Inventory is included in the Performance Contract between area programs and the Division. Compliance with the COI will be reported at least quarterly to area programs and the Division.

Modifications in Procedures and Clarifications

Based on area program experience and feedback, some changes have been made to overall operations of the Outcomes Initiative. The changes along with other points of clarification are discussed below.

Right to Refuse. Every client is important in the COI samples. However, it is important to remember that clients and/or their guardians may decline to answer any or all questions on a COI. If the client refuses to answer all of the questions, it should be noted in item '3b, Not Able to Complete'. If a client refuses to answer a specific question, leave that question blank.

Clinician Involvement. All of the COIs are to be completed based on face to face discussions with the client and/or the family or guardian. The client should be asked the answer to each question. The clinician may explain the question and discuss answers with the client.

- MH/SA COI: If the clinician has good reason to believe that a response should be different than the client's answer, the clinician may use clinical judgement to answer differently than the client.
- EI and DD COIs: Use client or guardian answer. No clinician "override".

Primary Disability. Use the client's primary disability as reported on the LOE form to determine which COI to use. Two exceptions are:

1. EI COI should be used for **all** children aged 5 and under.
2. Thomas S. Clients - Area programs may use either the MH/SA or DD COI for clients receiving Thomas S. funds.

Thomas S - funded clients. Area programs may use either the MH/SA or DD COI for clients receiving Thomas S. funds. The area program may choose to use the same COI for all its Thomas S clients or select the COI on an individual client basis. The same COI must then be used for subsequent COI administrations with that client. In other words, if a client starts with the DD COI, the area program must continue to use the DD COI for that client for consistent data results.

Discharges. As implementation continues, the first COI done for a current client may be at discharge. **If the first COI scheduled for a current client is turns out to be a discharge COI, do not complete.** Without a second data point, the outcome information will not be useful.

Short term clients. Two different situations are defined that determine when a COI should or should not be completed.

1. Some clients are admitted to the area program and may have only a few appointments (example 4-6 appointments). The initial COI should be done within 30 days of admission. If the client stops services and it is clear that the person is to be discharged (completed service goals, change in eligibility, moved, etc), do a discharge COI, even if it occurs shortly after the admission (initial) COI. This will allow data to be gathered on short-term clients.
2. Clients admitted to detoxification programs or other inpatient programs for short-term acute care or crisis stabilization. If the client is admitted to a detox program or crisis stabilization program for 5 days or less, and is not transferred to ongoing care at the area program, do not do a COI. A COI should be done if and when the client receives ongoing care at the area program.

Scheduling Annual COIs. Area programs may track the annual update COI for new and current clients two ways.

1. The area program may schedule the annual COI based on the anniversary month of admission, and complete the annual COI at the next scheduled appointment within the allowed time window.
2. Alternatively, the area program may complete the annual COI at the next scheduled annual service plan rewrite or annual IFSP revision, and use that date as the anchor for tracking subsequent annual COIs.

Form Storage. Area programs may choose whether to store the hard copy of the COI in the client record or in a separate location that meets requirements for record retention, security and accessibility. When the system converts completely to electronic submission of forms, the hard copy storage question will be reviewed. In the meantime, if this storage issue is burdensome for an area program, an application for a waiver may be made by contacting the Outcomes Coordinator, Decision Support Branch of the DMH/DD/SAS.

Changes in the MH/SA COI. Some content changes have been made in the MH/SA COI. The order of the form has also been changed. One question about community participation has been added. The instructions have been changed to add further clarification when possible. **Stop using the old MH/SA forms effective 10/1/99 and use the new form identified as 10/1/99.**

Questions should be directed to the Outcomes Coordinator, Decision Support Branch, DMH/DD/SAS. Periodic updates of collected questions and answers will be put on the Division web site and mailed to area programs.

1a Client Record Number

Mark X or ✓ in ☐ Mark number in

1b Unique ID (Required for Willie M. & Thomas S)

1c Admission Date

 / /

 m m d d y y y y

1d Date of Last Face to Face Contact

 / /

1e Date COI Completed

 / /

2a Facility Code

2b Report Unit/Cost Center

2c Project Code

2d Case Manager/Clinician ID

3a COI Type (Select Code)

1-Initial

2-Update 3-Discharge

3b Non-Completion Only

1-Client not seen

2-Client refused to participate

3- Inactive 9 - Other reason

3c Discharge Only

1- Achieved Service Goals

2- Left Before Completion

3- Discharged, non-compliant

4- Aged out of Services 9-Other

4. Eligibility and Special Populations (Mark all that apply to the child)

- ☐ a. None ☐ e. SSI/SSDI ☐ i. In DSS Custody (Child) ☐ m. Pregnant
☐ b. Work First Client ☐ f. SED (Child) ☐ j. Deaf/Hard of Hearing ☐ n. Maternal
☐ c. Medicaid Recipient ☐ g. SPMI (Adult) ☐ k. Non-English Speaking ☐ o. Juvenile /Criminal Justice
☐ d. CAP MR/DD ☐ h. TBI ☐ l. Youth w/ Sexually Aggressive Behavior ☐ p. Communicable Disease Risk

5. Current Living Arrangement (select one code from list that best describes place client has lived for ≥2 consecutive weeks)

- 01 - Independent (own home, apartment, dormitory, rooming house)
 02 - Living with parents or relatives
 03- Living alone with supports
 04 - Homeless (street, shelter, vehicle)
 05- Correctional facility (prison, jail, training school, detention center)
 06- Institution (Psychiatric hospital, MR Center, secure nonmedical)
 07- Residential Facility (in halfway house, group home, child caring institution, DDA Group Home)
 08- Foster family, alternative family living
 09- Nursing Home (ICF,SNF)
 10- Adult Care Home - 7 beds or more (Rest Home)
 11- Adult Care Home - 6 beds or less (Family Care Home)
 12- Community ICF-MR - 6 beds or less
 13- Community ICF-MR – 7 beds or more
 14 - Hospital - Medical

Questions #6 through #16 are to be answered by asking the family/guardian which response best answers the question for their child/family.

Participation and Inclusion

Please fill in the box with the number that best fits the child/family's situation. For an initial EI COI ask "in the last 6 months or since birth" For update EI COI, use the last administration of the EI COI.

(3) Full participation, involvement (2) Moderate, somewhat (1) Low to none (9) N/A

6. Does the child take part in typical community activities (sports, church, shopping, etc.) with other people in the community? -----
7. Does the child receive services in a setting that is not exclusively serving children with special needs? ---
8. By family report, does the family/guardian take part in planning services, goals and related activities?-----

Early Intervention (Birth through Five Years) Client Outcomes Inventory

EI

9. By family report, has the family/guardian had a role in choosing the type of services for their child from the area program or its contract agencies? ----- ☐

Client Record Number

Mark X or √ in ☐

Mark number in

Health and Well-Being

For an initial EI COI, ask "in the last six months or since birth." For an update EI COI, time is from the last administration of the EI COI.

(3) Need is well met (2) Need is partially met (1) Not met (9) N/A

10. Since (month) has the child received routine medical and/or dental services? ----- ☐
11. Since (month) has the child received mental health services (in addition to EI, such as behavioral intervention, evaluation, counseling, respite, etc.) if requested? ----- ☐
12. Since (month), has the family received mental health services, if requested? ----- ☐

Early Intervention

Please fill in the box with the number that best fits the family's situation. Use the family/guardian's report with assistance from the clinician completing the inventory. For an initial EI COI, ask "in the last six months or since birth." For an update EI COI, time is from the last administration of the EI COI.

(4) Much (3) Some (2) Little (1) None (9) N/A

13. Since (month), has the family been using other community services and resources (such as day care, after school programs, preschool, parent support groups, social services, etc.)? ----- ☐
14. Since (month), has the family's understanding of the child's needs increased? ----- ☐
15. Since (month), has the child made progress (or maintained skill level, if appropriate) in the following areas: (please rate each area below using family report staff assistance)
- a. communication skills (like talking or otherwise making needs known) ----- ☐
 - b. motor (like walking, crawling, other means of mobility) ----- ☐
 - c. self-help (like self-feeding, toileting, etc.) ----- ☐
 - d. social-emotional (self-soothing, attached to parents/siblings, involvement with others, eye contact, etc.) ----- ☐
 - e. thinking and learning (playing with toys, recognizing objects, etc.) ----- ☐

(4) Very well (3) Well (2) With some difficulties (1) With major difficulties (9) N/A

16. Since (month), how well did the child and family make the transition between: (Please rate each area below)
- a. hospital to home ----- ☐
 - b. home to center-based services ----- ☐
 - c. area program services to public school operated services at age 3 (infant-toddler services to preschool services) ----- ☐

Early Intervention Client Outcomes Inventory (EI COI)

General Instructions

Please read the EI COI carefully. Some questions require the selection of a code to be written in a box. Others ask that all appropriate circles be marked. Please mark circles with an 'X' or a √ and fill in boxes with a clearly written number. If the answers are not readable, the form will be returned to you for correction.

The EI COI has been designed to be completed in a scheduled treatment appointment with a child and the family/guardian. Ideally, the information is generated through a discussion of the items, rather than as a structured, formal interview.

The purpose of the EI COI is to collect information from the same clients over time to note changes in the client/family situation, and to provide important quality improvement information. The sample is small, and every client in the sample is important. However, the child's family/guardian has the right not to answer any or all of the questions on the EI COI.

Who fills out forms. Support staff may fill out items 1a,b,c and 2 a-d. Items 1d and 1e are filled out when EI COI is completed. Items 3a through 3c must have some input from the clinician responsible for the client's service plan. Items 4-16 must be completed by a clinician who has discussed the EI COI with the family or guardian (primary caretaker) for the client (child). Persons completing the EI COI may be the primary clinician, the case manager, or other staff person who regularly interacts with the child and family.

Clients using more than one service or receiving services from more than one area program. Many clients use more than one service or see more than one provider at an area program and/or see contract providers. Some use services from more than one area program. The area program(s) must determine which provider should complete the EI COI for each client (child). It is suggested that the EI COI be completed by the primary clinician or the case manager with responsibility for coordinating the client's service plan or IFSP. Only one EI COI is to be completed for a client, no matter how many services the client receives from the area program or contract provider.

Source of Information. Items 4-16 should be answered by asking the child's family/ guardian. Family/guardian self report is acceptable unless the provider has good reason to believe that the family member or guardian is not answering the question honestly or does not understand the question. In these situations, it is acceptable for the provider to discuss the questions and answers with the family/guardian; however, if there is a disagreement, use the family/guardian's answer.

Billing. Please complete the EI COI during a treatment appointment as part of the clinical activity that is scheduled. Face to face time used to complete the EI COI may be billed as part of the clinical service. Time spent filling out the form that is not face to face may not be billed. Do not make a special appointment only to complete the COI.

Storing the EI COI. A hard copy of each EI COI must be stored in the client's record or in another place that meets medical record security, accessibility and retention requirements.

Client Sample

Children ages birth through 5 years, whose client numbers end in '3' or '6' are in the sample of clients for whom the EI COI is completed, regardless of their primary disability. The EI COI is only completed for persons admitted to the area program.

Coding Instructions

1. When entering numbers in boxes, fill in boxes beginning with the box on the right. If the answer does not require all boxes, fill in the unused boxes to the left with zeroes. (Example: client record number may not use all boxes.)
2. When entering letters and numbers for items such as 1b (unique ID), please justify numbers and letters to the left. Use the first box on the left and move right.
3. For "mark all that apply" circles, please use an **X** or \checkmark that is large and easily read.
4. Items requiring dates indicate mm/dd/yyyy. Please fill out all numbers. Example June 4, 1999 would be written as 06 /04 /1999.

Administration Schedule

	Admission	Next 6 mo. IFSP Review	Annual Service Plan Rewrite & Annually thereafter	Discharge from EI Services or area program
Current clients		X	X	X
Clients admitted after 10/1/99	X	X	X	X

1. NEW CLIENTS - Clients admitted to the area program on or after the EI COI implementation date, October 1, 1999, who meet sampling criteria:

Initial EI COI:

- Within 30 days of area program admission at a scheduled treatment session. Do not make a special appointment only to complete the EI COI.

Update EI COI:

- 6 months after admission to area program at scheduled IFSP or service plan review (acceptable range: 180-210 days after admission)
- 12 months after admission to area program, at annual service plan rewrite or IFSP review (acceptable range: 365 – 455 days [12-15 months] after admission) and annually thereafter.
- Do not make a special appointment to complete the EI COI. Complete during scheduled appointment.

Discharge EI COI:

- When discharged by the EI Services. May be a discharge from area program, or discharge from EI Services and referral to DD or Child Mental Health Services because the child has aged out of Early Intervention Services. If discharged to DD or Child Mental Health services, the DD COI or the MH/SA COI will be used for subsequent outcome study.

2. CURRENT CLIENTS - Clients who have been admitted to the area program prior the EI COI implementation date, who meet sampling criteria:

Initial EI COI:

- First EI COI completed, at next scheduled review of the IFSP or service plan, which is done at 6-month intervals. Do not make a special appointment only to complete the EI COI.
- Use instructions for 'initial' EI COI, using a reporting period of the previous 12 months if the question so indicates.

If the client is on 'inactive' status at area program at the time of the scheduled EI COI, fill out the EI COI and answer questions 1a-e, 2 a-d, 3a, and 3b if appropriate. However, if 3c is most appropriate, see note below.

Note: If the first EI COI is to be done at discharge, please do not fill out an EI COI. The goal of the outcomes inventory is to have multiple data points for a client. If the 'initial' COI is at discharge, there are no chances for follow-up data points.

Update EI COI:

- Subsequent yearly IFSP review or annual service plan rewrites (acceptable range – 0-3 months from admission month), during a scheduled appointment.

Discharge EI COI:

- When discharged by the EI Services. May be a discharge from area program, or discharge from EI Services and referral to DD or Child Mental Health Services because child has aged out of Early Intervention Services.

If an EI COI is not completed within the acceptable time range, it should be submitted to the Division with questions 1a through 3b completed and the next EI COI should be completed during a treatment appointment during the next appropriate interval.

3. SHORT TERM CLIENTS. Two different situations are defined.

- a. Some clients are admitted to the area program and may only have 4-6 appointments. The initial COI should be done at admission. If the client stops services, do a discharge COI, even if it occurs before the next scheduled COI. This will allow data to be gathered at two points of time on short-term clients.
- b. Clients admitted to detox programs or other inpatient programs for short-term stays. If the client is admitted to a detox program or crisis stabilization program for 5 days or less and is not transferred to ongoing care at the area program, do not do a COI. A COI should be done if and when the client receives ongoing care at the area program.

Examples (remember these apply only to clients who otherwise meet the sample criteria)

Example #1: Client was admitted to the area program on January 10, 1997.

- The first EI COI for this client will be scheduled to coincide with the next scheduled 6-month IFSP or service plan rewrite. The area program has a window of 1 month to complete this initial EI COI. Because the 2000 EI COI will be the first one, check the box for the "initial" EI COI and complete the EI COI following instructions for an "initial" EI COI.
- If the initial EI COI is done in January 2000, subsequent update EI COI administrations for this client will be January 2001, January 2002, etc. until the client record is closed or the child ages out of EI services.

Note: It is understood that over time, the admission anniversary date may not coincide with the annual service plan rewrite.

Example #2: Client was admitted to the area program on September 11, 1998.

- The first EI COI for this client will be scheduled to coincide with the next scheduled 6 month IFSP or service plan review, around mid March 2000. An "initial" EI COI should be completed (see above discussion, example #1).
- Subsequent update EI COI administrations should be around March, 2001; March, 2002, etc. until the client is discharged or the record is closed.

Example #3: Client was admitted to the area program on October 15, 1999.

- This client's first EI COI should be done within 30 days of admission, or by November 15, 1999.
- The 6-month EI COI should be scheduled between April 15, 2000 and May 15, 2000.
- The annual EI COI should be scheduled between November 15, 2000 and January 15, 2001 or to coincide with the annual service plan rewrite.
- Subsequent update EI COI administrations should be around October, 2000; October, 2001, etc. until the client is discharged or the record is closed.

Example #4: Client is admitted November 1, 1999.

- Initial EI COI is completed on November 20, 1999.
- Client was discharged (because he moved out of state) on December 15, 1999.
- The discharge COI should be done between December 15, 1999 and January 15, 2000. Do not do a 3-month COI - do the discharge COI.

CLIENT OUTCOME INVENTORY (EI COI)

Instructions for Items 1a through 16

Each item on the EI COI is listed below in bold type, with definitions and explanations on coding. Beginning with Question #6, question prompts are included in italics to help clarify the intent of the question. Please feel free to ask the questions in any order that best fits the situation and relationship between the family/guardian and the provider administering the COI.

If doing an update EI COI, use the name of the month of the last EI COI to give the client a timeframe for the answer. Example: *"Since October, how many times....."*

Do not make a special appointment only to complete the COI. Please complete the EI COI during a treatment appointment as part of the clinical activity that is scheduled. Face to face time used to complete the EI COI may be billed as part of the clinical service. Time spent filling out the form that is not face to face may not be billed.

Please ask all items on the inventory. The family/guardian has the right to refuse to answer any or all questions on the EI COI. If the refusal is for the entire inventory, note as appropriate in item #3. If a family declines to answer a specific question, leave it blank (do not use N/A). If the family/guardian says the item does not apply, indicate N/A (9), as directed.

1. Client Identifying Information (complete all items)

1a. Client Record Number - Assigned by area program.

THIS NUMBER IS REQUIRED ON BOTH PAGES OF EI COI.

1b. Client Unique ID

- First three letters of last (maiden) name, first letter of first name, followed by birthdate (mmddyy). Fill in beginning with first box on left. May have an extra box.
- Required for Willie M. and Thomas S. members. Recommended but optional for other clients.

1c. Admission Date

- Date of most recent admission to the area program. mm/dd/yyyy

1d. Date of Last Face to Face Contact - mm/dd/yyyy

- Last face to face contact between the client and provider, from area program or contract agency, who is responsible for completing the EI COI. This date is often same as the "Date EI COI completed"

1e. Date EI COI Completed

- For *this* administration of EI COI: mm/dd/yyyy
- Fill out at the time the EI COI is completed. The EI COI should be completed with the individual (and the family/guardian) so the date completed should coincide with the date of the last face to face contact (see 1d.)

2. Local Program Information (items 2b-2d are for local use)

2a. Facility Code

- Record the standard 5-digit facility code of the area program.

Item must be completed.

Please note: Items 2b-2d are for local use. Area programs are encouraged to use these blocks. The information will be collected and sent back to the area program for their use, exactly as entered.

2b. Report Unit/Cost Center

- Record the reporting unit or cost center code or other code determined by area program.
- May be numbers and/or letters

2c. Project Code – local use.

- May be used to indicate service received, contract provider, etc.
- May be numbers and/or letters

2d. Case Manager/Clinician ID

- Local code for the clinician who completed the EI COI.
 - May be numbers and/or letters.
-

3a. EI COI Type – Fill in appropriate number. (See general instructions for definitions)

- Indicate whether this EI COI is the (1) initial administration, (2) an update or (3) at discharge from the area program.
 - Use 'initial' for the first EI COI given to a client. This applies to current and new clients.
 - Update COIs are all subsequent COIs (at 6 mo., or annuals)
 - Use "discharge" if the client is discharged from the area program or Early Intervention Services (services for children aged 5 and under).

Note: If the initial EI COI for a current client is to be a discharge EI COI, please do not complete at all, as there will be no second data point.

3b. Non-completion only

LEAVE BLANK IF ITEMS 4-16 ARE COMPLETED

- Put code in box if the EI COI is not completed within the required time frame.
1. Client not seen - Client was not seen within the timeframe necessary to complete the EI COI, however is still an active client.
 2. Client refused to participate - Refusal applies to the entire inventory.
This item does **not** apply if the client or guardian declines to answer a few specific questions.
Leave those items blank and fill out the items the client does answer.
 3. Inactive - Client put on inactive status by area program
 4. Other reason

3c. Discharge EI COI Only

LEAVE BLANK IF NOT A DISCHARGE EI COI

- This item applies only to clients who are discharged by the area program or who age out of EI Services. Must be filled out if answer item 3a with "3" for discharge EI COI.
 - Fill in box with most appropriate code from list:
 1. Achieved service goals - Client ended treatment at area program; completed treatment goals.
 2. Left before completion - Client left treatment at the area program before service goals were completed, for reasons that might include moving away or dropping out of treatment.
 3. Discharged/non-compliant - Client did not participate in treatment or broke rules for a particular program and was discharged
 4. Aged out of EI Service - Child turned six years, was transferred to DD or Child Mental Health Services or to a school program.
 9. Other - illness, death, change in eligibility, etc.
-

4. Eligibility and Special Populations

Mark all that apply to the client (child) for whom the EI COI is being completed. Do not fill in for parent or guardian - this question only applies to the client (child). If none apply, mark item 4a.

- 4a. NONE – Does not fit any special population groups
 - 4b. Work First Client – Person who receives Work First cash assistance (based on client response)
 - 4c. Medicaid Recipient – Person who receives Medicaid services and who has a Medicaid card (eligibility is determined by the local department of social services).
 - 4d. CAP MR/DD – Person who receives services reimbursed by Medicaid under the Community Alternatives Program for the Mentally Retarded/Developmentally Disabled.
 - 4e. SSI/SSDI – Person who receives Supplemental Security Income or Supplemental Security Disability Income
 - 4f. Serious Emotional Disturbance (SED-Child) - Person from birth to age 18 who currently or at Any time during past year has had a diagnosable mental, behavioral, or emotional disorder:
 - of sufficient duration to meet diagnostic criteria specified within DSM IV (Includes any diagnosis in DSM and ICD-9 except DD diagnoses unless co-occurs)
 - that resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities
 - 4g. Serious and Persistent Mental Illness (SPMI-Adult) – Person ≥ 18 years old with severe and persistent mental illness, who as a result of a mental disorder, exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with his/her capacity to remain in the community without supportive treatment or services of a long term or indefinite duration.
 - 4h. TBI – Traumatic Brain Injury – Person disabled due to a head injury, which produces any or all of the following impairments: cognitive impairment, communication disorder, motor dysfunction, and/or behavior disorders.
 - 4i. Child in DSS Custody – Child may or may not be in foster care. DSS has the legal responsibility for the child. Applies to child clients only (not adults whose child may be in DSS custody).
 - 4j. Deaf/ Hard of Hearing – An individual who, because of deafness or hearing impairment, communicates only by using sign language or who requires assistive listening devices in order to communicate.
 - 4k. Non-English Speaking – An individual who communicates only in language(s), other than English and therefore requires an interpreter.
 - 4l. Youth with Sexually Aggressive Behavior – Child < 18 who admits to having committed an act of sexual abuse or who has been adjudicated for an illegal sexual act, and the inappropriate sexual behavior is a current focus of treatment.
 - 4m. Pregnant – A female client who is pregnant
 - 4n. Maternal - A female client who has primary responsibility for the care of dependent children < 5 years of age.
 - 4o. Juvenile/Criminal Justice – Client who:
 - Is receiving services because of involvement in the juvenile or criminal justice system, including arrest, delinquency petition, incarceration, probation or parole OR
 - Has been arrested or incarcerated in the last 90 days.

Note: Designation shall be dropped when the person is no longer getting treatment related to involvement in the juvenile/criminal justice system.
 - 4p. Communicable Disease Risk – (Adults only) Client who:
 - within 90 days of admission has injected a controlled substance, OR
 - within 90 days of admission has engaged in unprotected sexual contacts with multiple sex partners or with an injection drug user, OR
 - has tested positive for HIV, AIDS, Hepatitis B or Hepatitis C, sexually transmitted disease, or active tuberculosis,
 - OR is receiving Methadone Maintenance
-
-

5. Current Living Arrangement

"Which of the following best describes where the client (child) has lived for two or more consecutive weeks?"

Select one code from list below that best describes the place that the client (child) has lived for two or more consecutive weeks. Many will not apply to young children. Examples follow the items.

01. Independent - in own house, apartment, mobile home, rooming house, dormitory, barracks
 02. Living with parents or relatives –includes spouse, children, grandparents, etc.
 03. Living alone with supports - receives in-home assistance from a provider
 04. Homeless – street, vehicle, shelter
 05. Correctional facility – prison, jail, training school, detention center
 06. Institution – psychiatric hospital, mental retardation center, Wright School, Whitaker School or any other secure non-medical facility
 07. Residential facility - halfway house, group home, child caring institution
 08. Foster family, alternative family living
 09. Nursing Home – Intermediate Care Facility (ICF) or Skilled Nursing Facility (SNF)
 10. Adult care home – 7 or more beds, Rest Home
 11. Adult care home – 6 beds or less, Family Care Home, DDA group home
 12. Community ICF-MR – 6 beds or less
 13. Community ICF-MR – 7 or more beds
 14. Hospital – inpatient medical facility, hospitalization for medical reasons, such as neonatal intensive care unit
-
-

Questions #6 through #16 are to be answered by asking the family/guardian which response best answers the question for their family. The response marked in the box should be based on the family/guardian's response with assistance from the provider completing the inventory. If the family and provider disagree, the family/guardian has the last word on how a question should be answered.

Place the coded number, selected from the choices at the top of each block of questions, in the box to the right of the question. Questions in italics may be used as prompt questions.

PARTICIPATION AND INCLUSION

6. Does the child take part in typical community activities (sports, church, shopping, etc.) with other people in the community?

Does your child (who receives EI Services) participate in typical community activities such as shopping trips, going to church, the park, library, etc?

- 3 - the child participates regularly and often.
- 2 - the participation is moderate or sometimes as opposed to often.
- 1 - the child rarely participates in community activities.
- 9 - the question does not apply to this child/family.

7. Does the child receive services in a setting that is not exclusively serving children with special needs?

*Does your child receive services in a regular preschool, classroom or day care setting? Are services provided in a setting that is **not** exclusively serving children with special needs?*

- 3- half or more of the children served in the setting do not have disabilities
- 2 - services are only partially provided in a setting with children who do not have disabilities
- 1 - few or no services are provided in a setting with children who do not have disabilities
- 9 - the question does not apply to this child (child may receive in-home services only).

8. By family report, does the family/guardian take part in planning services, goals and related activities?

Do you take part in planning services, goals and activities for your child? Do you help develop your child's service plan? Do you help develop your Individual Family Service Plan (IFSP)?

- 3 - the family/guardian has met with service providers and the treatment team to plan services, goals and activities for the client (child). The family/guardian reports that they play a big part in making decisions for their child.
- 2 - the family/guardian has been somewhat involved in planning services, goals and related activities for their child, including signing the IFSP as required.
- 1 - the family has little or no involvement in planning services, goals and related activities for their child. Family/guardian signed IFSP or service plan when given the opportunity to do so.
- 9 - the question does not apply to this child/family. (May not apply at admission EI COI)

9. By family report, has the family/guardian had a role in choosing the type of services for their child from the area program or its contract agencies?

Have you as the child/s family member or guardian participated in choosing the types of services your child receives? Example: a choice between services in your home, at the area program, at a pre-school or child care center.

- 3 - the family/guardian has actively participated in choosing types of services for the child.
- 2 - the family/guardian has some role in choosing types of services.
- 1 - the family/guardian has not participated in choosing types of services for their child.
- 9 - the question does not apply to this child/family. (May not apply at admission EI COI)

HEALTH AND WELL-BEING

10. Since the last EI COI, has the child received routine medical and/or dental services?

Since (month) has your child received routine medical and/or dental services such as routine shots, well-child exams, dental check-ups?

- 3 - the family/guardian reports that the child has received all routine medical and dental services as needed.
- 2 - the family/guardian reports that the child has partially received routine medical and dental services as needed.
- 1 - the family/guardian reports that the child has not received routine medical and dental services as needed.
- 9 - the question does not apply to this child/family.

Note: If the family or guardian reports that the child has not received routine medical or dental care as needed, the clinician may need to look more closely at the child's situation to determine whether the family needs additional assistance in meeting these needs. The clinician must also determine whether a report to the local department of social services under the NC Reporting Laws for neglect is appropriate.

11. Since the last EI COI has the child received mental health services, as part of or in addition to EI, if requested?

Since (month) have you requested services for your child from the area program as part of or in addition to EI services, and have the services been provided? Examples of services that might be requested: behavioral intervention, evaluation, counseling, respite.

- 3 - the family/guardian reports that the child has received all requested mental health services.
- 2 - the family/guardian reports that the child has received some but not all requested mental health services
- 1 - the family/guardian reports that the child has not received requested mental health services.
- 9 - the question does not apply to this child/family or services were not requested.

12. Since the last EI COI, has the family received mental health services, if requested?

Since (month) have you requested mental health services for family members, in addition to your child receiving early intervention services, and have the services been provided? Examples of services that might be requested are: family counseling, crisis intervention, evaluation or case management, respite.

- 3 - the family/guardian reports that the family member(s) has received all requested mental health services.
- 2 - the family/guardian reports that the family member(s) has received some but not all requested mental health services.
- 1 - the family/guardian reports that the family member(s) have not received requested mental health services.
- 9 - the question does not apply to this child/family or services have not been requested.

EARLY INTERVENTION

13. Since the last EI COI, has the family/guardian been using other community services and resources?

Since (month), have you used other community services or resources that you learned about through the Early Intervention Program? Examples of other services might be: day care, preschool, after-school programs, social services, parent support groups, etc.

- 4 - the family/guardian reports that the family has used either a variety of services or many services from one agency or resource.
- 3 - the family/guardian reports that the family has some services from an agency or community resource.
- 2 - the family/guardian reports that the family has used few services from an agency or community resource.
- 1- the family/guardian reports no use of services from an agency or community resource
- 9 - the question does not apply to this child/family.

Note: In an update EI COI, the family may be using the same level of services as in the previous time period.

Select the number that best describes the current level of use. May be the same as in the previous time period.

14. Since the last EI COI, has the family's understanding of the child's needs increased?

Since (month) do you have a better understanding of your child's needs because of services you received through the Early Intervention Program?

- 4 - the family/guardian reports that the family has greatly increased its understanding of their child's needs.
- 3 - the family/guardian reports that the family has somewhat increased its understanding of their child's needs.
- 2 - the family/guardian reports that the family has increased slightly its understanding of their child's needs.
- 1- the family/guardian reports that the family has not increased its understanding of their child's needs
- 9 - if the question does not apply to this child/family.

15. Since the last EI COI has the child made progress (or maintained skill level, if appropriate) in the following areas:

*Have your child's skills improved (or been maintained, if appropriate) in the following areas?
Please answer for each skill area.*

- a. communication skills (talking or otherwise making needs known)
- b. motor (such as walking, crawling, other means of mobility)
- c. self-help (such as self-feeding, toileting, etc.)
- d. social-emotional (such as self-soothing, attached to parents/siblings, involvement with others, eye contact, etc.)
- e. thinking and learning (such as playing with toys, recognizing objects, etc.)

Please answer separately for each item a-e above.

- 4 - the family/guardian reports that the child has made much progress or has maintained existing skills in the areas noted above.
- 3 - the family/guardian reports that the child has partially increased skills or maintained existing skills in the areas noted above.
- 2 - the family/guardian reports that the child has made little progress or maintained skills in the skill areas noted above.
- 1 - the family/guardian reports that the child has made no progress or has not maintained skills in the areas noted above
- 9 - if the question does not apply to this child/family. (May not apply at admission or if child has had a significant illness.)

16. Since the last EI COI, how well did the child and family make the transition between:

- a. hospital to home**
- b. home to center-based services**
- c. area program services to public school operated services at age 3 (infant-toddler services to preschool services)**

Children with special needs may use a variety of services as their needs change or as they age. Since (month), please describe how your child and family made the move from one service to another. Please answer for each change that happened during this time period.

Please answer separately for each item a-c above.

- 4 - the family/guardian reports that the service change went very well for the child and the family.
- 3 - the family/guardian reports that the service change went well for the child and the family.
- 2 - the family/guardian reports that there were some difficulties for the child and the family in making the service change
- 1 - the family/guardian reports that the child and family had major difficulties making the service change
- 9 - the item does not apply to this child/family

Developmental Disabilities Client Outcomes Inventory (DCOI)

General Instructions

The Developmental Disabilities Client Outcomes Inventory is known as the DD COI or the DCOI. Please read the DCOI carefully. Some questions require the selection of a code to be written in a box. Others ask that all appropriate circles be marked. Several questions require the clinician to mark a box answering 'yes', 'no', etc. Please mark circles with an 'X' or a √ and fill in boxes with a clearly written number.

Who fills out forms. Support staff may fill out items 1a,b,c and 2 a-d. Items 1d and 1e are filled out when DCOI is completed. Items 3a through 3c must have some input from the clinician responsible for the client's service plan. Items 4-26 must be completed by a clinician who has discussed the inventory in a face to face session with the client. Persons completing the DCOI may be the primary clinician, the case manager, or other provider who regularly interacts with the client. This person is designated by the area program.

Clients using more than one service or receiving services from more than one area program. Many clients use more than one service or see more than one provider at an area program. Some use services from more than one area program. The area program(s) must determine which provider should complete the DCOI for the client. It is suggested that the DCOI be completed by the primary clinician or the case manager with responsibility for coordinating the client's service plan. Only one DCOI is to be completed for a client per scheduled administration, no matter how many services the client receives from the area program or contract provider.

Source of Information. Items 4-26 should be answered by asking the client or guardian the question directly. For persons under 18, the family/guardian input is included in the interview. For persons over 18 with a legal guardian, the legal guardian may assist in insuring that the desire of the individuals are best represented. The provider and the guardian (of person over 18) may discuss answers with the individual, but the individual (client) responses should be used.

Billing. Please complete the DCOI during a treatment appointment as part of the clinical activity that is scheduled. Face to face time used to complete the DCOI may be billed as part of the clinical service. Time spent filling out the form that is not face to face may not be billed. Do not make a special appointment only to complete the COI.

Storing the DCOI. A hard copy of each completed DCOI must be stored in the client's record or in another place that meets security, accessibility and retention requirements.

Client Sample

Clients with a primary disability of developmental disabilities, whose client numbers end in '3' or '6', are in the sample of clients for whom the DCOI is completed.

Exceptions:

- 1) Children ages 5 years and younger (use EI COI)
- 2) Thomas S. Area programs may choose to use either the MH/SA COI or the DD COI for clients receiving Thomas S. funds. The area program may choose to use the same instrument for all of its Thomas S. clients, or may choose the form type on an individual client basis. However, once that decision is made, the same form (MH/SA or DD) should be used thereafter with the client, in order to provide consistent outcome data.

Coding instructions

1. When entering numbers in boxes, fill in boxes beginning with the box on the right. If the answer does not require all boxes, fill in the unused boxes to the left with zeroes. (Example: # of admissions) Two boxes are given for an answer, and three admissions were reported. Fill in box as follows:

0	3
---	---

2. If there is a , the response to the question will be a number or a letter. When entering letters and numbers for items such as 1b (unique ID), please justify numbers and letters to the left. Use the first box on the left and move right.

3. For 'Yes / No' place a \checkmark or an X the ☐. Please make sure the mark is large and easily read.

4. Please fill out all numbers for items requiring dates. Indicate mm/dd/yyyy.. Example: June 4, 1999 would be written as 06 /04 /1999.

Administration Schedule

Do not make a special appointment only to complete the COI. Complete during a scheduled treatment appointment.

	Admission	6 mo.	At annual service plan rewrite <u>or</u> annual anniversary of area program admission <u>and</u> annually thereafter	Discharge
Current clients			X	X
Clients admitted after 10/1/99	X	X	X	X

1. NEW CLIENTS WHO MEET SAMPLING CRITERIA:

Initial DCOI:

- Within 30 days of area program admission.

Update DCOI:

- 6 months after admission to area program (30-day window: 180-210 days after admission)
- At annual service plan rewrite or 12 months after admission to area program (90-day window). Area programs may choose whether to track based on admission date or by date of annual service plan rewrite.

Note : If the client is on 'inactive' status in area program at the time of a scheduled MH/SA COI, fill out the MH/SA COI and answer questions 1a-e, 2 a-d, and 3a. Complete 3b and/or 3c, if appropriate.

Discharge DCOI:

- When discharged by area program under area program discharge policy (applies to discharge from the area program, not a program within the area program).

2. CURRENT CLIENTS WHO MEET SAMPLING CRITERIA:

Initial DCOI:

- First DCOI is completed on anniversary date of admission to the area program or at the next scheduled annual service plan rewrite. Use instructions for 'initial' DCOI, using a reporting period of the previous 12 months if the question so indicates. Area program may choose whether to track based on admission date or by date of annual service plan rewrite. Do not make a special appointment only to complete the DCOI.

Note: If the first scheduled DCOI is to be done at discharge, please do not fill out a DCOI. The goal of the outcomes inventory is to have multiple data points for a client. If the 'initial' COI is at discharge, there are no chances for follow-up data points.

Update DCOI:

- Subsequent annual service plan rewrites or an annual anniversary of admission month (90-day window to complete), during a scheduled treatment appointment.

Note : If the client is on 'inactive' status in area program at the time of a scheduled DCOI, fill out the DCOI and answer questions 1a-e, 2 a-d, and 3a. Complete 3b and/or 3c, if appropriate.

Discharge DCOI:

- Do a discharge DCOI when the client is discharged under area program discharge policy.
- If the first scheduled DCOI is to be done at discharge, please do not fill out a DCOI. The goal of the outcomes inventory is to have multiple data points for a client. If the 'initial' COI is at discharge, there are no chances for follow-up data points.

If a DCOI is not completed within the acceptable time range, it should be submitted to the Division with questions 1a through 3b completed and the next DCOI should be scheduled for the next appropriate interval.

3. SHORT TERM CLIENTS. Two different situations are defined.

- a. Some clients are admitted to the area program and may only have 4-6 appointments. The initial DCOI should be done at admission. If the client stops services, do a discharge DCOI, even if it occurs before the next scheduled DCOI. This will allow data to be gathered at two points of time on short-term clients.
- b. Clients who are admitted to detox programs or other inpatient programs for short-term stays. If the client is admitted to a detox program or crisis stabilization program for 5 days or less and is not transferred to ongoing care at the area program, do not do a DCOI. A DCOI should be done if and when the client receives ongoing care at the area program.

Scheduling Examples

(remember these apply only to clients who otherwise meet the sample criteria)

Example #1: Client was admitted to the area program on January 10, 1997.

- The first DCOI for this client will be scheduled to coincide with the admission anniversary or next scheduled annual service plan rewrite. The area program has a window of 3 months to complete this initial DCOI. Because the 2000 DCOI will be the first one, check the box for the "initial" DCOI and complete the DCOI following instructions for an "initial" DCOI.
- If the initial DCOI is done in January 2000, subsequent update DCOI administrations for this client will be January 2001, January 2002, etc. until the client record is closed.

Note: It is understood that over time, the annual service plan rewrite may not coincide with the admission anniversary date. Area programs may choose which date to use for the annual update COIs. In fact, the annual service plan rewrite date is preferred for the annual COI.

Example #2: Client was admitted to the area program on September 11, 1998.

- The first DCOI for this client will be scheduled to coincide with the admission anniversary, September, 1999, or the annual service plan review, with a 90 day window for completion. An "initial" DCOI should be completed (see above discussion, example #1).
- Subsequent update DCOI administrations should be around September, 2000; September, 2001, etc. until the client is discharged or the record is closed.

Example #3: Client was admitted to the area program on October 15, 1999.

- This client's first DCOI should be done within 30 days of admission, or by November 15, 1999.
- The 3-month DCOI should be completed between January 15, 2000 and February 15, 2000.
- The 6-month DCOI should be completed between April 15, 2000 and May 15, 2000.
- The annual DCOI should be completed between October 15, 2000 and January 15, 2001 or to coincide with the annual service plan rewrite.
- Subsequent update DCOI administrations should be around October, 2000; October, 2001, etc. until the client is discharged or the record is closed.

Example #4: Short term client

- Client is admitted November 1, 1999
- Initial COI is completed on November 20, 1999.
- Client was discharged (because he moved out of state) on December 15, 1999.
- The discharge COI should be done between December 15, 1999 and January 15, 2000. Do not do a 3 month COI - do the discharge COI.

DEVELOPMENTAL DISABILITIES CLIENT OUTCOME INVENTORY (DCOI)

Instructions for Items 1a through 26

Each item on the DCOI is listed below in bold type, with definitions and explanations on coding. Beginning with Question #5, question prompts are included in italics to help clarify the intent of the question. You may use the prompt questions or similar language. Please feel free to ask the questions in any order that best fits the situation and the relationship between the client and the clinician administering the DCOI.

Please complete the DCOI during a treatment appointment as part of the clinical activity that is scheduled. Face to face time used to complete the DCOI may be billed as part of the clinical service. Time spent filling out the form that is not face to face may not be billed. Do not make a special appointment only to complete the COI.

If doing an update DCOI, use the name of the month of the last DCOI to give the client a timeframe for the answer. Example: *"Since October, how many times....."*

The questions refer to the individual. For those persons under 18 years, the family/guardian input is included in the interview. For those persons over 18 with a legal guardian, the legal guardian can assist in insuring that the desire of the individuals are best represented. The assessment is meant to be part of a regular visit.

Please ask all items on the DCOI. The client (or guardian) has the right to refuse to answer any or all questions on the DCOI. If the refusal is for the entire inventory, note as appropriate in item #3b. If a client declines to answer a specific question, leave it blank.

Please write numbers in the and mark an **X** or \checkmark in the ☐

1. Client Identifying Information (complete all items)

1a. **Client Record Number** - Assigned by area program.

Ex.

0	2	3	4	5	6
---	---	---	---	---	---

THIS NUMBER IS REQUIRED ON BOTH PAGES OF DCOI.

1b. **Client Unique ID**

- First three letters of last (maiden) name, first letter of first name, followed by birthdate (mmddyy). Fill in beginning with first box on left.

Ex. John Doe – born November 3, 1960 would be

D	O	E	J	1	1	0	3	6	0	
---	---	---	---	---	---	---	---	---	---	--

- The extra box on the end is for multiple births with the same first initial (this would make the unique ids for the persons the same). Each of the persons would be assigned a letter starting with "a" for the box. For example, Jason and James Doe are twins born on September 3, 1960. Their unique ids would be the same.

So,

John's unique id would be

D	O	E	J	1	2	1	3	6	5	a
---	---	---	---	---	---	---	---	---	---	---

and

James's unique id would be

D	O	E	J	1	2	1	3	6	5	b
---	---	---	---	---	---	---	---	---	---	---

1c. Admission Date

- Date of most recent admission to the area program. mm/dd/yyyy

Ex. John Doe was admitted to the area program on 12/20/1998 so the date would be entered as

1	2
---	---

2	0
---	---

1	9	9	8
---	---	---	---

.

1d. Date of Last Face to Face Contact - mm/dd/yyyy

- Last face to face contact between the client and clinician, from area program or contract agency, who is responsible for completing the MH/SA COI. This date is often same as the "Date MH/SA COI completed"

- **Ex.** The last face to face visit with John Doe was on September 13, 2000 so the date would be entered as

0	9
---	---

1	3
---	---

2	0	0	0
---	---	---	---

 ←

1e. Date DCOI Completed

- The DCOI should be completed with the individual (and the family/guardian) so the Date completed should coincide with the date of the last face to face contact (see 1d.)
- For *this* administration of DCOI mm/dd/yyyy
- Fill out at the time the DCOI is completed

Ex. John Doe and his case manager completed the DCOI when doing the annual case management plan rewrite on September 13, 2000 so the date would be entered as

0	9
---	---

1	3
---	---

2	0	0	0
---	---	---	---

Please note the date may coincide with 1d, if appropriate.

2. Local Program Information

2a. Facility Code

- Record the standard 5-digit facility code of your area program. This item must be completed.

Ex.

1	3	0	1	1
---	---	---	---	---

* Please note: Items 2b-2d are for local use. Area programs are encouraged to use these blocks. The information will be collected and sent back to the area program for their use exactly as entered.

2b. Report Unit/Cost Center

- Record the reporting unit or cost center code. May be numbers and/or letters.

Ex.

1	2	3	4	5	6
---	---	---	---	---	---

2c. Project Code – local use. May be numbers and/or letters.

Ex.

0	0	0	0	1	2
---	---	---	---	---	---

2d. Case Manager/Clinician ID

- This is a local code for the clinician responsible for the client's service plan and completing the DCOI. May be numbers and/or letters

Ex.

0	0	0	3	4	5
---	---	---	---	---	---

3a. DCOI Type – Fill in appropriate number. (See general instructions for definitions)

- Indicate whether this DCOI is (1) the initial administration, (2) an update or (3) at discharge from the area program.
- Use 'initial' for the first DCOI given to a client. This applies to current and new clients.

However, if the initial DCOI for a current client is to be a discharge DCOI, please do not complete at all, as there will be no second data point.

- Use "discharge" only if the individual is discharged from the area program (not a program within the area program).

3b. Non-completion only **LEAVE BLANK IF ITEMS 4-26 ARE COMPLETED**

- Put code in box if the DCOI is not completed within the required time frame.
 1. **Client not seen** - Client was not seen within the timeframe necessary to complete the MH/SA COI, however is still an active client.
 2. **Client refused to participate**- Refusal applies to the entire inventory. If the individual or parent/guardian declines to answer specific questions, leave those items blank and fill out the items the client does answer.
 3. **Inactive**- Individual put on inactive status by area program
 9. **Other reason**

3c. Discharge DCOI Only **LEAVE BLANK IF NOT A DISCHARGE DCOI**

- This item applies only to clients who were discharged by the area program. Must be filled out if answer item 3a with "3" for discharge DCOI.
- If a client is on inactive status, use item 3b, Non-completion (above).
- Fill in box with most appropriate code from list:
 1. **Achieved service goals** - Individual ended treatment at area program after completing treatment goals.
 2. **Left before completion** - Individual left treatment at the area program before service goals were completed, for reasons that might include moving away or dropping out of treatment.
 3. **Discharged/non-compliant** – Individual did not participate in treatment or broke rules for a particular program and was discharged
 9. **Other** – illness, death, aged out, change in eligibility, etc.

Do not complete 3c if the client is being maintained on inactive status.

4. Eligibility and Special Populations

Mark all that apply. Place a $\sqrt{}$ or an **X** in the ☐ next to each category that applies.

Do not fill in for a parent, guardian or spouse - only applies to the individual. If none apply, mark item 4a.

- NONE** – Does not fit any special population groups
- Work First** – Person who receives Work First cash assistance (based on client response)
- Medicaid Recipient** – Person who receives Medicaid services and who has a Medicaid card (eligibility is determined by the local department of social services).
- CAP MR/DD** – Person who receives services reimbursed by Medicaid under the Community Alternatives Program for the Mentally Retarded/Developmentally Disabled.
- SSI/SSDI** – Person who receives Supplemental Security Income or Supplemental Security

Disability Income

- 4f. **Serious Emotional Disturbance (SED-Child)** - Persons from birth to age 18 whom currently or at any time during past year have had a diagnosable mental, behavioral, or emotional disorder:
- of sufficient duration to meet diagnostic criteria specified within DSM IV (Includes any diagnosis in DSM and ICD-9 except DD diagnoses unless co-occurs)
 - that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities
- 4g. **Serious and Persistent Mental Illness (SPMI-Adult)** – Person ≥ 18 years old with severe and persistent mental illness, who as a result of a mental disorder, exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with his/her capacity to remain in the community without supportive treatment or services of a long term or indefinite duration.
- 4h. **TBI – Traumatic Brain Injury** – Person disabled due to a head injury, which produces any or all of the following impairments: cognitive impairment, communication disorder, motor dysfunction, and/or behavior disorders.
- 4i. **Child in DSS Custody** – Child may or may not be in foster care. DSS has the legal responsibility for the child. Applies to child clients only (not adults whose child may be in DSS custody).
- 4j. **Deaf/ Hard of Hearing** – An individual who, because of deafness or hearing impairment, communicates only by using sign language or who requires assistive listening devices in order to communicate.
- 4k. **Non-English Speaking** – An individual who communicates only in language (s), other than English and therefore requires an interpreter.
- 4l. **Youth with Sexually Aggressive Behavior** – Child < 18 who admits to having committed an act of sexual abuse or has been adjudicated for an illegal sexual act, and the inappropriate sexual behavior is a current focus of treatment.
- 4m. **Pregnant** – A female client who is pregnant
- 4n. **Maternal** - A female client who has primary responsibility for the care of dependent children < 5 years of age.
- 4o. **Juvenile/Criminal Justice** – Client who:
- Is receiving services because of involvement in the juvenile or criminal justice system, including arrest, delinquency petition, incarceration, probation or parole OR
 - Has been arrested or incarcerated in the last 90 days.
- Note:** Designation shall be dropped when the person is no longer getting treatment related to involvement in the juvenile/criminal justice system.
- 4p. **Communicable Disease Risk** – (Adults only) Client who:
- within 90 days of admission has injected a controlled substance, OR
 - within 90 days of admission has engaged in unprotected sexual contacts with multiple sex partners or with an injection drug user, OR
 - has tested positive for HIV, AIDS, Hepatitis B or Hepatitis C, sexually transmitted disease, or active tuberculosis, OR
 - is receiving Methadone Maintenance

5. Current Living Arrangement Code – Select one setting from list that best describes the place the client has lived for 2 or more consecutive weeks. Write the code in the boxes.

"Which of the following best describes where the client has lived for two or more weeks?"

01. **Independent** – in own home, apartment, mobile home, rooming house, barracks, dormitory
02. **Living with parents or relatives**
03. **Living alone with supports** – receives in-home assistance from a provider
04. **Homeless** –street, vehicle, shelter
05. **Correctional facility** – prison, jail, training school, detention center
06. **Institution** - psychiatric hospital, mental retardation center, Wright School, Whitaker School or any other secure non-medical facility

07. **Residential facility** - halfway house, group home, child caring institution
08. **Foster family, alternative family living**
09. **Nursing Home** - Intermediate Care Facility - ICF or Skilled Nursing Facility - SNF
10. **Adult care home** - 7 beds or more, Rest Home
11. **Adult care home** - 6 beds or less, Family Care Home, DDA group home
12. **Community ICF-MR** - 6 beds or less
13. **Community ICF-MR** - 7 beds or more
14. **Hospital** - Medical

Note: If the client is temporarily living somewhere that is not the usual living arrangement, such as hospitalization for a medical reason, select the living arrangement that best describes where the client has lived for the most recent two consecutive weeks in the last 3 months.

6. Hours worked.

FOR ALL CLIENTS:

6a. *How many hours did you work for pay for the average week in the past 3 months?*

Enter the number of paid hours worked for the average week in the past 3 months.

6b. *Not for pay?*

Enter the number of unpaid hours worked for the average week in the past 3 months.

Note: It is possible to have entries in both boxes.

FOR Work First Clients:

How many Work First hours did you work for pay in the average week? Not for pay?

6c. Enter the number of Work First paid hours for average week in the past 3 months.

6d. Enter the number of Work First unpaid hours for average week in the past 3 months.

- Unpaid hours refers to volunteer work, community service (do not include court-ordered community service)

Mark numbers in boxes from right. If single digit, mark '0' then number →

0	5
---	---

If no hours reported, mark '00' →

0	0
---	---

7. **Current employment status** (Place the code from the list 0-9 that best applies to the client's current status). Do not leave blank.

Which of the following best describes your current employment situation?

0. **Unemployed** - (not working but seeking work)
1. **Employed full-time** - (may be a temporary job). Works \geq 35 hours/week
2. **Employed part time** - (may be a temporary job). Works < 35 hours/week
3. **Not in work force, student** - (not looking for work, enrolled in school, college or training program)
4. **Not in work force, retired** - (not looking for work, retired)
5. **Not in work force, homemaker** - (not looking for work)
6. **Not in work force, not available for work** (may be due to disability, impairment, or lack of desire)
7. **Armed Forces/Nat'l Guard** - active duty
8. **Seasonal/Migrant work**
9. **Unknown**

Note: Work refers to legal work activities. Full-time drug dealing does not qualify as employment.

8. Expanded Employment Descriptors (Mark all that apply)

Do any of the following situations also describe your current employment situation?

- a. **Student** – Full time or part-time in any educational setting
- b. **Unpaid Work/Community Service** – Volunteer work, Work First community service, etc. Do *not* include court-ordered community service
- c. **Sheltered Employment** – Could be less than minimum wage. Work that occurs inside a facility such as a sheltered workshop and is compensated at a “piecework” rate. Persons are paid according to their individually determined productivity rate.
- d. **Supported /Transitional Employment** – Community based employment which is typically compensated at the prevailing rate but may be less than minimum wage if the employer is certified to pay less. Clients in supported employment have a job coach who assists with on-the-job training and support. Clients in transitional employment may be working with VR to reestablish work pattern or to assess their ability to work in a particular setting.
- e. **Same Employer for 3 mo. or more** – Refers to job stability. May have different “boss” or different job assignments, but has worked in the same place or for same company for ≥ 3 mo.
- f. **Retired** - Not looking for work, did work full-time or part-time prior to retirement
- g. **Unable to work** (incapacitated, ill) – From self report, does not require doctor verification
- h. **Institutionalized** - Hospitalized for physical or psychiatric reasons, unable to live independently; skilled nursing facility; MR Center; secure non-medical.
- i. **Incarcerated** - Prison, local jail, detention
- j. **Vocational Rehabilitation** – Receiving services to enable client to find employment, receive job training, etc. May be a residential program sponsored by VR.
- k. **Waiting List** - On a waiting list for vocational supports (not available for work).
- l. **ADVP** - Adult Day Vocational Program
- m. **Not Looking for employment**

9. For adults, to what degree does the individual have control over the use of money for personal use? (Leave blank for children)

Do you manage all your personal money? If not, are you give an allowance? Who takes care of your money? Do you decide how your money is spent? Do you have any money that you can spend independently? Are you allowed to carry money on you all the time?

Money refers to all sources of income, such as benefit checks and/or wages.

Mark an **X** or $\sqrt{}$ in the circle that best fits the individual's situation.

- **1 -Total control over personal finances** if the individual manages personal money independently.
 - **2 -Limited control of daily expenses** if the individual receives assistance with budgeting/purchasing of essential items, but all remaining money is independently managed.
 - **3-Has spending money** if the budgeting/purchasing is done for the individual and the individual is given a sum of spending money to carry on his/her person.
 - **4- Access through staff/care giver** All money, even spending money, is controlled by staff or caregiver at all times. He/she is not allowed to carry money on his/her person at all or at only can carry it at specific times determined by staff or caregiver.
 - **9- None** - All sources of income are managed by someone other than the individual, such as a guardian or staff.
-
-

10a. Is the individual currently living in housing arranged/supervised by the area program?

Did the mental health center provide assistance or arrange for you to live in your current residence?

Mark the client's response in the circle.

- **Yes** - the individual was assisted with placement by Area Program in a group home, independent living, treatment facility, etc. This includes Single Portal. Do not include an inpatient setting. The intent is to look at the client's "usual" residence.
- **No** - the individual was not assisted with placement by Area Program in a group home, independent living, treatment facility, etc.

10b. Is individual currently living in a residence of his/her choice?

Did you agree to live where you are living now? Did you have any choices?

- **Yes** - the individual was informed of his/her options and chose this option.
- **No** - the individual did not choose this residence.

10c. Is the individual living in a setting that maximizes his/her independence?

Do you feel you are living in a place that lets you live as independently as possible?

- **Yes** - the individual is living in a setting that supports the highest level of independence appropriate to the individual's goals and abilities.
- **No** - the individual is not living in a setting that supports the highest level of independence appropriate to the individual's goals and abilities.

It may be useful for the clinician and guardian, if appropriate, to discuss what independence means to this client. This question asks for the client's opinion, with the assistance from the clinician if appropriate.

11. To what degree does the individual choose daily activities (personal time and recreation)?

Are you able to participate in desired activities as often as you would like to? Who chooses what you will do during your free time? Who chooses what recreational activities you will participate in?

Mark individual's response.

- 4 - the individual controls their schedule and makes all choices in regards to personal time and recreation.
 - 3 - the individual makes some choices, such the use of free time.
 - 2 - the individual occasionally makes choices of daily activities, but staff controls most of time.
 - 1 - the staff makes choices for the individual and determines schedule.
 - 9 - not applicable.
-

12. To what degree does the individual choose the amount of time spent with family and friends?

Do you get to choose how much time you spend with your family and friends?

Mark individual's response.

- 4 - the individual controls the amount of time spent with family and friends.
- 3 - the individual makes some choices as to the amount of time spent with family and friends.

- 2 - the individual occasionally determines the amount of time spent with family and friends, but staff determines the amount of time.
- 1 - staff determines the amount of time the individual spends with family and friends.
- 9 - not applicable

Participation and Inclusion

13. To what degree is the individual's education provided in an inclusive setting?

Note: An inclusive setting means that half of the individuals receiving educational services do not have disabilities.

*Does the individual receive services in a regular classroom setting? Are services provided in a setting that is **not** exclusively serving persons with disabilities?*

Mark individual's response.

- 4 - half or more of the persons served in the setting do not have disabilities
- 3 - services are predominately provided in a setting with persons who do not have disabilities
- 2 - services are only partially provided in a setting with persons who do not have disabilities
- 1 - few or no services are provided in a setting with children who do not have disabilities
- 9 - the question does not apply (includes children that may receive in-home services only).

14. To what degree does the individual participate in activities attended predominantly by community members?

Do you participate in typical community activities such as shopping trips, going to church, the park, library, etc? If so, how often?

Mark individual's response.

- 4 - the individual participates regularly and often in community activities.
- 3 - the individual is moderately involved in community activities but not on a regular basis.
- 2 - individual is sporadically involved or only participates in occasional special events.
- 1 - the individual rarely participates in community activities.
- 9 - not applicable.

15. To what degree does the individual have reciprocal relationships with friends, family and community members?

Tell me about the people you spend time with.

Note: The intent of this question is to determine what levels of balanced relationship people have. This does not include relationships with paid staff. This is not to negate the importance of staff in the life of the individuals, but rather to determine relationships outside of service delivery. Reciprocal relationships have equal exchange- not one sided.

Mark the individual's answer that best fits the choices below.

- 4 - the individual has a wide array of reciprocal relationship with friends, family and community members.
- 3 - the individual has some reciprocal relationship with friends, family and community members, but there is not as full participation as possible.
- 2 - the individual has a limited array of reciprocal relationship with friends, family and community members.
- 1 - the individual has a very limited array of reciprocal relationship with friends, family and community members.

- 9 - not applicable.

16. To what extent does the individual participate in goal and treatment planning?

Did you attend your habilitation plan meeting? Who chose your goals? Do your service goals reflect your personal goals?

Mark the individual's response.

- 4 - the individual participates fully in the planning process and sets their own goals..
- 3 - the individual offers some ideas for goals, but leaves most of the treatment planning to the therapist.
- 2 - the individual agrees to the treatment plan, but does not voluntarily participate in the treatment plan process.
- 1- the individual did not participate in the treatment plan process (did not show for the meeting, did not come in when requested to review the plan, etc.)
- 9 - not applicable.

ACCESS

17. Is the individual receiving routine medical care services?

Are you able to access needed health services when you need them? Are you able to meet with your medical doctor when you need to? Are you able to get to your medical appointments when they are scheduled?

Refers to the current status of the individual. Mark individual's response.

- 4 - the individual states that he/she is always able to access needed health services.
- 3 - the individual states that he/she is able to access needed health services some of the time.
- 2 - the individual states that he/she is only able to access needed health services on occasion.
- 1 - the individual states that he/she is never able to access needed health services.
- 9 - not applicable.

18. Is the individual receiving specialized medical care, if needed?

Are you able to access needed specialized medical care when you need them? Are you able to meet with your medical doctor when you need to? Are you able to get to your medical appointments when they are scheduled?

Refers to the current status of the individual. Mark individual's response.

- 4 - the individual states that he/she is always able to access needed specialized medical care.
- 3 - the individual states that he/she is able to access needed specialized medical care some of the time.
- 2 - the individual states that he/she is only able to access needed specialized medical care on occasion.
- 1 - the individual states that he/she is never able to access needed specialized medical care.
- 9 - not applicable.

19. Is the individual receiving outpatient mental health services, if needed?

Are you able to access needed mental health services when you need them? Are you able to meet with your mental health therapist when you need to? Are you able to get to your mental health appointments when they are scheduled?

Refers to the current status of the individual. Mark individual's response.

- 4 - the individual states that he/she is always able to access needed mental health services.
- 3 - the individual states that he/she is able to access needed mental health services some of the time.
- 2 - the individual states that he/she is only able to access needed mental health services on occasion.
- 1 - the individual states that he/she is never able to access needed mental health services.
- 9 - not applicable.

20. Is the individual receiving inpatient mental health services, if needed?

Are you able to access needed mental health services when you need them? Are you able to meet with your mental health therapist when you need to? Are you able to get to your mental health appointments when they are scheduled?

Refers to the current status of the individual. Mark individual's response

- 4 - the individual states that he/she is always able to access needed mental health services.
- 3 - the individual states that he/she is able to access needed mental health services some of the time.
- 2 - the individual states that he/she is only able to access needed mental health services on occasion.
- 1 - the individual states that he/she is never able to access needed mental health services.
- 9 - not applicable.

21. Is the individual receiving assistive technology, equipment or training, if needed?

Are you able to access assistive technology, equipment or training when you need them?

Refers to the current status of the individual. Mark individual's response

- 4 - the individual states that he/she is always able to access needed assistive technology, equipment or training.
- 3 - the individual states that he/she is able to access needed assistive technology, equipment or training most of the time.
- 2 - the individual states that he/she is able to access needed assistive technology, equipment or training some of the time.
- 1 - the individual states that he/she is never able to access needed assistive technology, equipment or training.
- 9 - not applicable to the client.

22. Is the individual receiving oral/dental services?

Are you able to access needed oral/dental services when you need them? Are you able to meet with medical staff when you need to? Are you able to get to your oral/dental appointments when they are scheduled?

Refers to the current status of the individual. Mark individual's response

- 4 - the individual states that he/she is always able to access needed assistive technology, equipment or training.
- 3 - the individual states that he/she is able to access needed assistive technology, equipment or training most of the time.
- 2 - the individual states that he/she is able to access needed assistive technology, equipment or training some of the time.
- 1 - the individual states that he/she is never able to access needed assistive technology, equipment or training.
- 9 - not applicable to the individual.

23. Is the individual receiving case management services?

Are you able to access needed case management services when you need them? Are you able to meet with case manager when you need to?

- 4 - the individual states that he/she is always able to access case management services when needed.
- 3 - the individual states that he/she is able to access case management services when needed.
- 2 - the individual states that he/she is able to access case management services when needed.
- 1 - the individual states that he/she is never able to access case management services when needed.
- 9 - not applicable to the individual.

Well Being

24. According to the individual's report, since the last DCOI has the person or family/guardian expressed concern for the individual's safety in any of the following areas?

(If the person does not express concern but the family/guardian does express concern in any of the areas, Mark Yes.)

a. Physical Harm ----- Yes ☐ No ☐

Since the last DCOI, has the person or family/guardian expressed concern for the individual's physical safety?

- Mark **Yes** if the individual or family/guardian has expressed concern for the individual's physical safety. The intent of this question is to ask about safety, in the residence, from domestic violence as opposed to accidental injuries.
- Mark **No** if the individual or family/guardian has not expressed concern for the individual's physical safety.

Note: If this is a reportable offense under NC law, the clinician must follow the NC law for reporting abuse.

b. Emotional/Mental Harm ----- Yes ☐ No ☐

Since the last DCOI, has the individual or family/guardian expressed concern regarding emotional/mental harm to the individual?

- Mark **Yes** if the individual or family/guardian has expressed concern regarding emotional/mental harm to the individual.
- Mark **No** if the the individual or family/guardian has not expressed concern regarding emotional/mental harm to the individual.

Note: If this is a reportable offense under NC law, the clinician must follow the NC law for reporting abuse.

c. Sexual Harm ----- Yes ☐ No ☐
Since the last DCOI, has the individual or family/guardian expressed concern regarding sexual harm to the individual?

- Mark **Yes** the individual or family/guardian has expressed concern regarding sexual harm to the individual.
- Mark **No** if the the individual or family/guardian has not expressed concern regarding sexual harm to the individual.

Note: If this is a reportable offense under NC law, the clinician must follow the NC law for reporting abuse.

d. Money/Possessions Stolen/Exploited ----- Yes ☐ No ☐
Since the last DCOI, has the individual or family/guardian expressed concern for the safety of individual's money/possessions being stolen/exploited?

- Mark **Yes** if the individual or family/guardian has expressed concern for the safety of individual's money/possessions being stolen/exploited.
- Mark **No** if the individual or family/guardian has not expressed concern for the safety of individual's money/possessions being stolen/exploited.

Note: If this is a reportable offense under NC law, the clinician must follow the NC law for reporting abuse.

e. Enviromental Hazards ----- Yes ☐ No ☐
Since the last DCOI, has the individual or family/guardian expressed concern for the individual's safety due to enviromental hazards?

- Mark **Yes** if the individual or family/guardian has expressed concern for the individual's safety due to enviromental hazards. The intent of this question is to ask about safety, in the residence or job, from environmental hazards.
- Mark **No** if the individual or family/guardian has not expressed concern for the individual's safety due to enviromental hazards.

Note: If this is a reportable offense under NC law, the clinician must follow the NC law for reporting abuse.

f. Risk-Taking Behaviors ----- Yes ☐ No ☐
Since the last DCOI, has the individual or family/guardian expressed concern for the individual's safety due to Risk-Taking Behaviors?

- Mark **Yes** if the individual or family/guardian has expressed concern for the individual's safety due to risk-taking behaviors. The intent of this question is to ask about safety due to their choices and behavior. This includes unsafe sex, aggressiveness, self-injurious behavior.

- Mark **No** if the individual or family/guardian has not expressed concern for the individual's safety due to risk-taking behaviors.

Note: If this is a reportable offense under NC law, the clinician must follow the NC law for reporting abuse.

25. Substance Use FILL OUT FOR ALL CLIENTS REGARDLESS OF DIAGNOSIS

Now I would like to ask you about your use of alcohol and your use of non-medical drugs, that is, the use of drugs, without a prescription or more than was prescribed, to get high or for other non-medical effects.

In the 3 months prior to today (since 'month'), have you used (name of substance)? If yes, how often have you used this substance

- (a) Read items a-h. If the client reports use, ask how often, and mark box with the appropriate frequency code.
- (b) This is to be filled out on all DCOIs.

For each substance, indicate the frequency by using the frequency codes 0,1,2,3,4. Place a number in each (box). ☐

Frequency Codes

- 0- Not used
- 1- 1-3 times monthly or less
- 2- 1-2 times weekly
- 3- 3-6 times weekly
- 4- Daily

Please note: Item i - if client reports no substance use at all, mark 'X' in the box

- (c) Item b – Alcohol use is rated differently for males and females. The 'm' refers to the number of drinks consumed by a male to indicate heavy use (5 or more drinks per sitting) and 'f' refers to the number of drinks consumed by a female to indicate heavy use (4 or more drinks)
- (d) Item c – Same as above. Regular alcohol use for males is rated as less than 5 drinks per sitting and for females, less than 4 drinks per sitting.

26. Since the last DCOI, has the individual been personally involved in the criminal justice system due to allegations of criminal activities/behavior (excluding minor traffic violations?)

- This question refers to charges filed against the individual, not charges filed by him/her.

Since the last DCOI (If this is the initial assessment ask it for the past 3 months) have you been arrested? Have you had any traffic violations for driving while intoxicated?

- Mark **Yes** if individual/guardian reports being arrested, or violating parole or probation. Do not include traffic offenses other than DWI. Examples include but are not limited to, physical/sexual assault, theft, drug charges, prostitution, non-payment of bills, and/or property destruction.
- Mark **No** if the individual /guardian reports no arrests, etc. or it is not applicable for this client

Note: The intent of this question is to determine involvement with the criminal justice system.

Conviction for a crime is not required for a yes answer.

1a. Client Record Number

Mark X or ✓ in ☐Mark number in

1b. Unique ID (Required for Willie M. & Thomas S)

1c. Area Program Admission Date

 / /

m m d d y y y y

1d. Date of Last Face to Face Contact

 / /

1e. Date COI Completed

 / /

2a. Facility Code

2b. Report Unit/Cost Center

2c. Project Code

2d. Case Manager/Clinician ID

3a. COI Type (Select Code)

1-Initial
2-Update 3-Discharge

3b. Non-Completion Only

1-Client not seen
2- Client refused to participate
3- Inactive 9 - Other reason

3c. Discharge Only

1- Achieved Service Goals
2- Left Before Completion
3- Discharged/Non-compliant 9-Other

4. Eligibility and Special Populations (Mark all that apply)

- ☐ a. None ☐ j. Deaf/hard of Hearing
☐ b. Work First Client ☐ k. Non-English Speaking
☐ c. Medicaid Recipient ☐ l. Youth with Sexually Aggressive Behavior
☐ d. CAP MR/DD ☐ m. Pregnant
☐ e. SSI/SSDI ☐ n. Maternal
☐ f. SED (child) ☐ o. Juvenile/Criminal Justice
☐ g. SPMI (adult) ☐ p. Communicable Disease Risk
☐ h. TBI
☐ i. In DSS Custody (child)

8a. Since the last COI, enter the # of Admissions
 number of admissions to an inpatient
 unit for a psychiatric problem
 (for initial COI, last 12 months.)

8b. Since the last COI, enter the # of Admissions
 number of admissions to an inpatient
 unit for a substance abuse problem
 (for initial COI, last 12 months)

8c. Since last COI, has client had
 more than one face to face crisis contact
 after regular clinic hours?
 (for initial COI, last 12 months) ☐ (1) ☐ (2)
 Yes No

5. Global Assessment of Functioning (Child & Adult)
GAF Score

6. Child and Adolescent Functional Assessment (CAFAS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
a Role Performance	b Behavior Toward Others	c Moods/ Self Harm	d Substance Abuse	e Thinking

- 7a. Is client actively engaged in treatment at this time? ☐ (1) Yes ☐ (2) Somewhat ☐ (3) No
- 7b. If prescribed, does the client currently take psychotropic medications as directed? ☐ Yes ☐ No ☐ None prescribed
- 7c. In past three months, has the client participated in a self-help, self-advocacy or other community peer group? ☐ (1) Yes ☐ (2) No
- 7d. In the past three months, has the client participated in typical community activities such as church, sports events, shopping, etc.? ☐ (1) often ☐ (2) sometimes ☐ (3) never

9. Substance Use (ask all clients)
"In last three months have you used..... If yes, how often"

- a. Tobacco Use
- b. Heavy Alcohol Use (\geq m5(f4) drinks per sitting)
- c. Regular Alcohol Use (<m5(f4) drinks per sitting)
- d. Marijuana or Hashish Use
- e. Cocaine or Crack Use
- f. Heroin or Other Opiate Use
- g. Other Drug Use
- h. Other Drug Use
- I. NO USE REPORTED ☐

Ask frequency for each drug client reports using.

Frequency Codes

- 0- Not used
 1- 1-3 times monthly or less
 2- 1-2 times weekly
 3- 3-6 times weekly
 4- Daily

Drug Codes

- 05-Non-prescription Methadone
 07- PCP
 08- Other Hallucinogen
 09- Methamphetamine
 10-Other Amphetamine
 11- Other Stimulant
 12- Benzodiazepine
 13- Other Tranquilizer
 14- Barbiturate
 15- Other Sedative or Hypnotic
 16-Inhalant
 17- Over the Counter (inappropriate use)

Client Record Number

Mark X or ✓ in ☐Mark number in **10. Current Living Arrangement** (select one code from list that best describes place client has lived for > 2 consecutive weeks)

01 - Independent (own home, apartment, dormitory, rooming house)

02 - Living with parents or relatives

03 - Living alone with supports

04 - Homeless - street, shelter, vehicle

05 - Correctional facility- prison, jail, training school, detention ctr.

06 - Institution - psychiatric hospital, MR center, secure nonmedical

07 - Residential Facility - halfway house, group home, child caring institution

08 - Foster family, alternative family living

09 - Nursing Home - ICF, SNF

10 - Adult Care Home - Rest Home 7 beds or more

11 - Adult Care Home - 6 beds or less

Family Care Home, DDA Group Home

12 - Community ICF-MR - 6 beds or less

13 - Community ICF-MR - 7 beds or more

14 - Hospital - Medical

14. Current Employment Status (enter one code from list that best describes overall employment status)

0- Unemployed (seeking work)

1- Employed full time

2- Employed part time

3- Not in work force - student

4- Not in work force- retired

5- Not in work force-homemaker

6- Not in work force (not avail. for work)

7- Armed forces/

National Guard

8- Seasonal/migrant

9- Unknown

15. Expanded Employment Descriptors (Mark all that apply)
☐

a. Student

☐
b. Unpaid work/
Community Service
☐
c. Sheltered Employment
(Less than minimum wage)
☐
d. Supported/transitional
employment
☐
e. Same employer for
three months or more
☐

f. Retired

☐

m. Not seeking employment

☐

g. Unable to work

☐

h. Institutionalized

☐

i. Incarcerated

☐

j. Vocational

☐

k. On waiting list for

Vocational Supports

☐
l. Adult Day Vocational
Program (ADVP)**11a.** Is the individual currently living in housing arranged/supervised by the area program?
☐

Yes

☐

No

11b. Is the individual currently living in a residence of his/her choice?
☐

Yes

☐

No

11c. Is the individual currently living in a setting that maximizes his/her independence? Yes No
☐

Yes

☐

No

16. Hours worked (Enter the number of hours for the average week, in the past three months.)

a. Paid Hours

b. Unpaid Hours

Work First Clients ONLY:

c. Work First Paid Hours

d. Work First Unpaid Hours

12a. Does the client report that persons living with him/her have abused substances within last 3 months?
☐

Yes

☐

No

12b. Does the client report being kicked, hit or slapped or otherwise physically hurt by a spouse/partner or other person in the home within the last 3 months?
☐

Yes

☐

No

12c. Has there been a Child or Adult Protective Service investigation for this household since the last COI (For initial COI last 12 mo)?
☐

Yes

☐

No

12d. Is the client currently living in substandard housing? (no indoor plumbing, heating, running water) Yes No
☐

Yes

☐

No

13. In the past three months, has client had any arrests (including DWI), probation or parole violations? (exclude other traffic violations) Yes No
☐

Yes

☐

No

17a. Has the client received a grade promotion, diploma or GED as scheduled since the last COI (For initial COI, last 12 mo.)

1-Yes, completed a program of study or promoted as scheduled.

2- Is still enrolled in the program of study

(enter one code from list)

3- No, did not complete as scheduled(dropped out, failed, held back, etc.)

9 -Not applicable (not enrolled since last COI)

Complete 17b & c for students under 18 years**17b.** In the past three months, has the client missed more than 5 days due to truancy?
☐

Yes

☐

No

17c. In the past three months, has the client received out of school suspension or been expelled?
☐

Yes

☐

No

For clients in a vocational program:**17d** Since the last COI, has the client completed a vocational program?
☐

Yes

☐

No

Mental Health/Substance Abuse Client Outcomes Inventory (MH/SA COI)

General Instructions

Please read the MH/SA COI carefully. Some questions require the selection of a code to be written in a box. Others ask that all appropriate circles be marked. Several questions require the clinician to mark a box answering 'yes', 'no', etc. Please mark circles with an 'X' or a √ and fill in boxes with a clearly written number.

The MH/SA COI has been designed to be completed in a scheduled treatment session with a client. Ideally, the information is generated through a discussion of the items, rather than as a structured, formal interview. Do not, however, schedule an appointment that is only to complete the MH/SA COI.

The purpose of the MH/SA COI is to collect information from the same clients over time to note changes in the client's situation, and to provide important quality improvement information. The sample is small, and every client in the sample is important. However, the client (or his/her family/guardian) has the right not to answer any or all of the questions on the MH/SA COI.

Who fills out forms. Support staff may fill out items 1a,b,c and 2 a-d. Items 1d and 1e are filled out when MH/SA COI is completed. Items 3a through 3c must have some input from the clinician responsible for completing the inventory. Items 4-17 must be completed by a clinician who has discussed the inventory in a face to face session with the client. Persons completing the MH/SA COI may be the primary clinician, the case manager, or other provider who regularly interacts with the client. This person is designated by the area program.

Clients using more than one service or receiving services from more than one area program. Many clients use more than one service or see more than one provider at an area program. Some use services from more than one area program. The area program(s) must determine which provider should complete the MH/SA COI for the client. It is suggested that the MH/SA COI be completed by the primary clinician or the case manager with responsibility for coordinating the client's service plan. Only one MH/SA COI is to be completed for a client per scheduled administration, no matter how many services the client receives from the area program or contract provider.

Source of Information. Items 4-17 should be answered by asking the client or guardian the question directly. Client self report is acceptable. If the clinician has reason to believe that the client or guardian is not answering a question honestly or does not understand a question, the clinician may use his/her best clinical judgement to work with the client to complete the MH/SA COI.

Billing. Please complete the DCOI during a treatment appointment as part of the clinical activity that is scheduled. Face to face time used to complete the DCOI may be billed as part of the clinical service. Time spent filling out the form that is not face to face may not be billed. Do not make a special appointment only to complete the COI.

GAF. A Global Assessment of Functioning (GAF) must be done for every completed MH/SA COI for both children and adults.

CAFAS. A Child and Adolescent Functional Assessment Scale (CAFAS) must be completed for every MH/SA COI for children ages 6-17 years of age, except for the 3 month MH/SA COI done with newly admitted clients.

Storing the MH/SA COI. A hard copy of each completed COI must be stored in the client's record or in another place that meets security, accessibility and retention requirements.

Client Sample

Clients with a primary disability of mental health or substance abuse, whose client numbers end in '3' or '6', are in the sample of clients for whom the MH/SA COI is completed. Include Willie M class members.

Exceptions:

- 1) Clients for whom the NC-TOPPS evaluation is completed :
 - a) Perinatal and Maternal Substance Abuse Program Clients
 - b) Work First clients admitted to Substance Abuse treatment services
 - c) MAJORS Program Substance Abuse/Juvenile Justice Clients
 - d) Treatment Alternatives to Street Crime (TASC) Clients
 - e) Narcotic Addiction (Methadone Treatment) Program Clients
- 2) Clients whose primary disability is Developmental Disability (use DD COI)
- 3) Children ages 5 years and younger (use EI COI)
- 4) Thomas S. Area programs may choose to use either the MH/SA COI or the DD COI for clients receiving Thomas S. funds. The area program may choose to use the same instrument for all of its Thomas S. clients, or may choose the form type on an individual client basis. However, once that decision is made, the same form (MH/SA or DD) should be used thereafter with the client, in order to provide consistent outcome data.

Coding Instructions

1. When entering numbers in boxes, fill in boxes beginning with the box on the right. If the answer does not require all boxes, fill in the unused boxes to the left with zeroes. Example: # of admissions to an inpatient facility. Two boxes are given for an answer, and three admissions were reported. Fill in box as follows:

0	3
---	---
2. When entering letters and numbers for items such as 1b (unique ID), please justify numbers and letters to the left. Use the first box on the left and move right.
3. For 'Yes / No' and "mark all that apply" circles, please use an **X** or \checkmark that is large and easily read.
4. Items requiring dates indicate mm/dd/yyyy. Please fill out all numbers. Example: June 4, 1999 would be written as 06 /04 /1999.

Administration Schedule

Do not make a special appointment only to complete the COI. Complete during a scheduled treatment appointment.

	Admission	3 mo.	6 mo.	Annual service plan rewrite <u>or</u> annual anniversary of area program admission <u>and</u> Annually thereafter	At discharge from Area Program
Current clients				X	X
Clients admitted after 10/1/99	X	X	X	X	X

1. NEW CLIENTS WHO MEET SAMPLING CRITERIA:

Initial MH/SA COI:

- Within 30 days of area program admission at a scheduled treatment session. First form completed. Use interval of previous 12 months if indicated by question.

Update MH/SA COI:

- 3 months after admission to area program (30-day window: 90-120 days after admission)
- 6 months after admission to area program (30-day window: 180-210 days after admission)
- At annual service plan rewrite or 12 months after admission to area program (90-day window). Area program may choose whether to track based on admission date or by date of annual service plan rewrite.
- Annually thereafter

Note: If the client is on 'inactive' status at area program at the time of a scheduled MH/SA COI, fill out the MH/SA COI and answer questions 1a-e, 2 a-d, and 3a. Complete 3b and/or 3c, if appropriate.

Discharge MH/SA COI:

- When discharged by area program under area program discharge policy (applies to discharge from the area program, not a program within the area program).

2. CURRENT CLIENTS WHO MEET SAMPLING CRITERIA:

Initial MH/SA COI:

- First MH/SA COI is completed on anniversary date of admission to the area program or at the next scheduled annual service plan rewrite. Use instructions for 'initial' MH/SA COI, using a reporting period of the previous 12 months if the question so indicates. Area program may choose whether to track based on admission date or by date of annual service plan rewrite. Do not make a special appointment only to complete the MH/SA COI.

Note: If the first scheduled MH/SA COI is to be done at discharge, please do not fill out a MH/SA COI. The goal of the outcomes inventory is to have multiple data points for a client. If the 'initial' COI is at discharge, there are no chances for follow-up data points.

Update MH/SA COI:

- Subsequent annual service plan rewrites or an annual anniversary of admission month (90-day window to complete), during a scheduled treatment appointment.

Note: If the client is on 'inactive' status at area program at the time of a scheduled MH/SA COI, fill out the MH/SA COI and answer questions 1a-e, 2 a-d, and 3a. Complete 3b and/or 3c, if appropriate.

Discharge MH/SA COI:

- When discharged by area program under area program discharge policy
- **If the first scheduled MH/SA COI is to be done at discharge, please do not fill out a MH/SA COI.** The goal of the outcomes inventory is to have multiple data points for a client. If the 'initial' COI is at discharge, there are no chances for follow-up data points.

If a COI is not completed within the acceptable time range, it should be submitted to the Division with questions 1a through 3b completed and the next MH/SA COI should be scheduled for the next appropriate interval.

3. SHORT TERM CLIENTS. Two different situations are defined.

- a. Some clients are admitted to the area program and may only have 4-6 appointments. The initial COI should be done at admission. If the client stops services, do a discharge COI, even if it occurs before the next scheduled COI. This will allow data to be gathered at two points of time on short-term clients.
- b. Clients admitted to detox programs or other inpatient programs for short-term stays. If the client is admitted to a detox program or crisis stabilization program for 5 days or less and is not transferred to ongoing care at the area program, do not do a COI. A COI should be done if and when the client receives ongoing care at the area program.

Scheduling Examples

(Remember these apply only to clients who otherwise meet the sample criteria)

Example #1: Client was admitted to the area program on January 10, 1997.

- The first MH/SA COI for this client should be scheduled to coincide with the admission anniversary or next scheduled annual service plan rewrite. The area program has a window of 3 months to complete this initial MH/SA COI. Because the 2000 MH/SA COI will be the first one, check the box for the "initial" MH/SA COI and complete the MH/SA COI following instructions for an "initial" MH/SA COI.
- If the initial MH/SA COI is done in January 2000, subsequent update MH/SA COI administrations for this client will be January 2001, January 2002, etc. until the client record is closed.

Note: It is understood that over time, the annual service plan rewrite may not coincide with the admission anniversary date. Area programs may choose which date to use for the annual update COIs. In fact, the annual service plan rewrite date is preferred for the annual COI.

Example #2: Client was admitted to the area program on September 11, 1998.

- The first MH/SA COI for this client will be scheduled to coincide with the admission anniversary, September, 1999, or the annual service plan review. An "initial" MH/SA COI should be completed (see above discussion, example #1).
- Subsequent update MH/SA COI administrations should be around September, 2000; September, 2001, etc. until the client is discharged or the record is closed.

Example #3: Client was admitted to the area program on October 15, 1999.

- This client's first MH/SA COI should be done within 30 days of admission, or by November 15, 1999.
- The 3-month MH/SA COI should be scheduled between January 15, 2000 and February 15, 2000.
- The 6-month MH/SA COI should be scheduled between April 15, 2000 and May 15, 2000.
- The annual MH/SA COI should be scheduled between October 15, 2000 and January 15, 2001 or to coincide with the annual service plan rewrite.
- Subsequent update MH/SA COI administrations should be around October, 2000; October, 2001, etc. until the client is discharged or the record is closed.

Example #4: Short term client

- Client is admitted November 1, 1999
- Initial COI is completed on November 20, 1999.
- Client was discharged (because he moved out of state) on December 15, 1999.
- The discharge COI should be done between December 15, 1999 and January 15, 2000. Do not do a 3-month COI - do the discharge COI.

CLIENT OUTCOME INVENTORY - MH/SA COI

Instructions for Items 1a through 17d

Each item on the MH/SA COI is listed below in bold type, with definitions and explanations on coding. Beginning with Question #7, question prompts are included in italics to help clarify the intent of the question. You may use the prompt questions or similar language. Please feel free to ask the questions in any order that best fits the situation and the relationship between the client and the clinician administering the MH/SA COI.

If doing an update MH/SA COI, name the month of the last MH/SA COI to give the client a timeframe for the answer. Example: *"Since October, how many times....."*

Do not make a special appointment only to complete the COI. Please complete the DCOI during a treatment appointment as part of the clinical activity that is scheduled. Face to face time used to complete the DCOI may be billed as part of the clinical service. Time spent filling out the form that is not face to face may not be billed.

Please ask all items on the inventory. The client (or guardian) has the right to refuse to answer any or all questions on the MH/SA COI. If the refusal is for the entire inventory, note as appropriate in item #3b. If a client declines to answer a specific question, leave it blank.

Please write numbers in the and mark an **X** or $\sqrt{\quad}$ in the ☐

1. Client Identifying Information (complete all items)

- 1a. Client Record Number** - Assigned by area program.
Write numbers in boxes.

**THIS NUMBER IS REQUIRED ON
BOTH PAGES OF MH/SA COI.**

1b. Client Unique ID

- First three letters of last (maiden) name, first letter of first name, followed by birthdate (mmddyy). Fill in beginning with first box on left. The extra eleventh box is reserved for the rare clients who have the same UID as another client.

Example:

D	O	E	J	0	5	0	2	6	2	
---	---	---	---	---	---	---	---	---	---	--

- Required for Willie M. and Thomas S. members. Recommended but optional for other clients.

1c. Admission Date - mm/dd/yyyy

- Date of most recent admission to the area program.

1d. Date of Last Face to Face Contact - mm/dd/yyyy

- Last face to face contact between the client and clinician, from area program or contract agency, who is responsible for completing the MH/SA COI. This date is often same as the "Date MH/SA COI completed"

1e. Date MH/SA COI Completed - mm/dd/yyyy

- For *this* administration of MH/SA COI
 - The MH/A COI should be completed with the individual (and the family/guardian) so the date completed should coincide with the date of the last face to face contact (see 1d.)
-

2. Local Program Information

2a. Facility Code

- Record the standard 5 digit facility code of your area program.

Item must be completed.

Please note that Items 2b-2d are for local use. Area programs are encouraged to use these blocks. The information will be collected and sent back to the area program for their use, exactly as entered.

2b. Report Unit/Cost Center

- Record the reporting unit or cost center code or other code determined by area program.
- May be numbers and/or letters

2c. Project Code – local use.

- May be used to indicate service received, contract provider, etc.
- May be numbers and/or letters

2d. Case Manager/Clinician ID

- Local code for the clinician who completed the MH/SA COI
 - May be numbers and/or letters.
-

3a. MH/SA COI Type – Place the appropriate number in the box. (See general instructions for definitions)

- Indicate whether this MH/SA COI is the (1) initial administration, (2) an update or (3) at discharge from the area program.
 - Use 'initial' for the first MH/SA COI given to a client. This applies to current and new clients.
 - Update COIs are all subsequent COIs (at 3 mo., 6 mo., or annuals)
 - Use "discharge" only if the client is discharged from the area program (not a program within the area program).

Note: If the initial MH/SA COI for a current client is to be a discharge MH/SA COI, please do not complete at all, as there will be no second data point.

3b. Non-completion only

LEAVE BLANK IF ITEMS 4-17 ARE COMPLETED

- Put code in box if the MH/SA COI is not completed within the required time frame.
 - Client not seen - Client was not seen within the timeframe necessary to complete the MH/SA COI, however is still an active client.
 - Client refused to participate - Refusal applies to the entire inventory. This item does **not** apply if the client or guardian declines to answer a few specific questions. Leave those items blank and fill out the items the client does answer.
 - Inactive - Client put on inactive status by area program
 - Other reason

3c. Discharge MH/SA COI Only**LEAVE BLANK IF NOT A DISCHARGE MH/SA COI**

- This item applies only to clients who were discharged by the area program. Must be filled out if answer item 3a with "3" for discharge MH/SA COI.
- Fill in box with most appropriate code from list:
 - a. Achieved service goals - Client ended treatment at area program after completing treatment goals.
 - b. Left before completion - Client left treatment at the area program before service goals were completed, for reasons that might include moving away or dropping out of treatment.
 - c. Discharged/non-compliant - Client did not participate in treatment or broke rules for a particular program and was discharged.
 - d. Other - illness, death, aged out, change in eligibility, etc.

Do not complete 3c if the client is being maintained on inactive status.

4. Eligibility and Special Populations

Mark all that apply to the client for whom the MH/SA COI is being completed. Do not fill in for a parent, guardian or spouse - only applies to the client. If none apply, mark item 4a.

- 4a. NONE - Does not fit any special population groups.
- 4b. Work First - Person who receives Work First cash assistance (based on client response)
- 4c. Medicaid Recipient - Person who receives Medicaid services and who has a Medicaid card
Eligibility is determined by the local department of social services.
- 4d. CAP MR/DD - Person who receives services reimbursed by Medicaid under the Community Alternatives Program for the Mentally Retarded/Developmentally Disabled
- 4e. SSI/SSDI - Person who receives Supplemental Security Income or Supplemental Security Disability Income
- 4f. Serious Emotional Disturbance (SED-Child) - Person from birth to age 18, who currently or at any time during past year, has had a diagnosable mental, behavioral, or emotional disorder:
 - of sufficient duration to meet diagnostic criteria specified within DSM IV (Includes any diagnosis in DSM and ICD-9 except DD diagnoses unless co-occurs)
 - that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities
- 4g. Serious and Persistent Mental Illness (SPMI-Adult) - Person ≥ 18 years old with severe and persistent mental illness, who as a result of a mental disorder, exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with his/her capacity to remain in the community without supportive treatment or services of a long term or indefinite duration
- 4h. TBI - Traumatic Brain Injury - Person disabled due to a head injury, which produces any or all of the following impairments: cognitive impairment, communication disorder, motor dysfunction, and/or behavior disorders.
- 4i. Child in DSS Custody - Child may or may not be in foster care. DSS has the legal responsibility for the child. Applies to child clients only (not adults whose child may be in DSS custody)
- 4j. Deaf/ Hard of Hearing - An individual who, because of deafness or hearing impairment, communicates only by using sign language or who requires assistive listening devices in order to communicate
- 4k. Non-English Speaking - An individual who communicates only in language(s), other than English and therefore requires an interpreter
- 4l. Youth with Sexually Aggressive Behavior - Child < 18 who admits to having committed an act of sexual abuse or has been adjudicated for an illegal sexual act, and the inappropriate sexual behavior is a current focus of treatment
- 4m. Pregnant - A female client who is pregnant

4n. Maternal - A female client who has primary responsibility for the care of dependent children <5 years of age

4o. Juvenile/Criminal Justice – Client who:

- Is receiving services because of involvement in the juvenile or criminal justice system, including arrest, delinquency petition, incarceration, probation or parole OR
- Has been arrested or incarcerated in the last 90 days

Note: Designation shall be dropped when the person is no longer getting treatment related to involvement in the juvenile/criminal justice system.

4p. Communicable Disease Risk – (Adults only) Client who:

- within 90 days of admission has injected a controlled substance, OR
- within 90 days of admission has engaged in unprotected sexual contacts with multiple sex partners or with an injection drug user, OR
- has tested positive for HIV, AIDS, Hepatitis B or Hepatitis C, sexually transmitted disease, or active tuberculosis, OR
- is receiving Methadone Maintenance

5. GAF Score –CHILD AND ADULT CLIENTS

- A GAF assessment is required for every administration of the MH/SA COI.
- Score may be “001” through “100”. Write numbers in boxes. If less than three numbers, place ‘0’ in first box, then write numbers: 0

5	7	
---	---	--

6. **CAFAS Score** – Clients ages 6-17 years. Leave blank for adult.

A CAFAS assessment is required for every administration of the MH/SA COI for a child 6 -17 years, **except** for the three-month update for new clients.

Enter scores for the following domains:

- 6a. Role Performance Domain Score
- 6b. Behavior toward Others Domain Score
- 6c. Moods/Self Harm Domain Score
- 6d. Substance Abuse Domain Score
- 6e. Thinking Domain Score

Score all domains, using 00 if a domain score is 0. (don't leave blank)

Questions #7 through #17 are to be answered by asking the client and/or guardian which response best answers the question. The response marked in the box or circle should be based on the client's response with assistance from the clinician completing the inventory.

If the clinician has reason to believe that the client or guardian is not answering a question honestly or does not understand a question, the clinician may use his/her best clinical judgement to work with the client to complete the MH/SA COI.

Please write numbers in the

--

 and mark an **X** or \checkmark in the

--

, indicating the client's response.

7a. Is client actively engaged in treatment at this time?

Do you usually come to your appointments? Did you meet with your therapist (or treatment team) to write your service plan? Did you agree with your plan? Do you usually go to (day treatment, clubhouse, other programs) as part of your treatment?

This question may be left blank if the client has just been admitted to the area program and the question does not apply.

Mark the client's response.

- **Yes** - Client does at least one of the following:
 - ✓ usually comes to scheduled appointments (if applicable),
 - ✓ attends programs (if applicable),
 - ✓ has participated in the development of a service plan and is working on these goals (if applicable).
- **Somewhat** -
 - ✓ Client comes to scheduled appointments sporadically,
 - ✓ attends programs sporadically,
 - ✓ shows some interest in service plan, but does not participate in treatment with regularity.
- **No** - Client does none of the above.

7b. If prescribed, does client take psychotropic medications as directed?

Has your doctor/psychiatrist prescribed any medicines to help you feel better? Do you take your medicine when the doctor tells you to take it?

This question does not pertain to medications prescribed for other medical conditions.

Mark the client's response.

- **Yes** - Client indicates he/she takes psychotropic medications as prescribed by his/her physician.
- **No** - Medications are prescribed and the client does not report taking them as directed or information from the physician indicates that medications are not taken as directed.
- **None Prescribed** - No medications are prescribed for the client's psychiatric and/or substance abuse condition.

7c. In the past three months, has the client participated in a self-help, self-advocacy, or other community peer support group?

Have you attended a meeting or called any self-help groups such as AA, NA, a clubhouse or a meeting of a consumer organization in the last three months (since 'month')?

The intent of this question is to ask about a client's engagement with MH and/or SA support activities and/or groups that are focused around treatment issues.

Mark the client's response.

- **Yes** - Client (or guardian, if client is a child) reports participating in a 12-step program, involvement with an advocacy group such as the NC Alliance for the Mentally Ill (by phone or in person) or has attended a clubhouse or other peer support program.
- **No** - Client does not report any such activities.

7d. In the past three months, has the client participated in typical community activities such as church, sports events, shopping, etc.?

Since ('month'), have you gone to church, shopping, the library, sporting events or other typical activities in your community? If so, how often do you usually participate?

The intent of this question is to ask about the client's general integration in the community, use of natural supports, and activities.

Mark one of three choices

- **Often** - Client often takes part in community activities (daily, weekly).
 - **Sometimes** - Client sometimes takes part in community activities.
 - **Never** - Client never takes part in community activities.
-

8a. Since the last MH/SA COI, enter the number of admissions to an inpatient unit for psychiatric problems.

Have you been admitted to an inpatient psychiatric unit since ('month')? If yes, how many times were you admitted?

If this is an initial MH/SA COI, ask about the number of admissions in last 12 months.

- Write the number of admissions (not number of days of inpatient care) in the boxes. Include admissions to private or public psychiatric hospitals or general hospitals.
- Write '00' if no admissions are reported.

8b. Since the last MH/SA COI, enter the number of admissions to an inpatient unit for a substance abuse problem.

Have you been admitted to an inpatient unit since ('month') for a substance abuse problem?" If yes, how many times were you admitted?

If this is an initial MH/SA COI, ask about the number of admissions in last 12 months.

- Write the number of admissions (not the number of days of inpatient care) in the boxes. Include any of following: admission to general hospital, psychiatric hospital, detoxification facility, Alcohol and Drug Treatment Center. May be private or public.
- Write '00' if no admissions are reported.

8c. Since the last MH/SA COI, has the client had more than one face to face crisis contact after regular clinic hours? (Please mark yes or no)

Since ('month') have you met face to face with a mental health crisis worker either at the mental health crisis center, at the hospital or other crisis center when the mental health center was closed? If yes, how many times?

If this is an initial MH/SA COI, ask if the client has had any face to face crisis contacts within the last 12 months.

Mark client's response.

- **Yes** - Client had two or more face to face crisis contacts at a crisis center, hospital ER, etc. Do not include telephone contacts or calls to crisis lines.
 - **No** - Client had one or less face to face contacts after clinic hours.
-

9. Substance Use **ASK ALL CLIENTS REGARDLESS OF DIAGNOSIS**

Now I would like to ask you about your use of alcohol and your use of non-medical drugs, that is, the use of drugs, without a prescription or more than was prescribed, to get high or for other non-medical effects.

In the 3 months prior to today (since 'month'), have you used (name of substance)? If yes, how often have you used this substance?

Substance Use (ask all clients) <i>"In the last three months, have you used..... If yes, how often?"</i>	Ask frequency for each drug <i>client reports using</i>
<ul style="list-style-type: none"> a. Tobacco Use b. Heavy Alcohol Use \geq m5 (f4) drinks/sitting c. Regular Alcohol Use (<m5 (f4) drinks/sitting d. Marijuana or Hashish Use e. Cocaine or Crack Use f. Heroin or other Opiate Use g. Other Drug Use h. Other Drug Use i. NO USE REPORTED 	<p>Frequency Codes</p> <ul style="list-style-type: none"> 0 – Not Used 1 – 1-3 times monthly or less 2 – 1-2 times weekly 3 – 3-6 times weekly 4 – Daily <p>Drug Codes</p> <ul style="list-style-type: none"> 05 – Non-prescription Methadone 07 – PCP 08 – Other hallucinogen 09 – Methamphetamine 10 – Other Amphetamine 11 – Other stimulant 12 – Benzodiazepine 13 – Other tranquilizer 14 – Barbiturate 15 – Other Sedative or Hypnotic 16 – Inhalant 17 – Over the Counter (inappropriate use)

- Read items a-f. If the client reports use, ask how often, and write the appropriate frequency code in the box.
- Item b – Alcohol use is rated differently for males and females. The 'm' refers to the number of drinks consumed by a male to indicate heavy use (5 or more drinks per sitting) and 'f' refers to the number of drinks consumed by a female to indicate heavy use (4 or more drinks)
- Item c – Same as above. Regular alcohol use for males is rated as less than 5 drinks per sitting and for females, less than 4 drinks per sitting.
- If no use is reported, mark '0' in the box.
- After reading items a-f, ask if other drugs not mentioned have been used. If yes, read the drug list in codes 5-17 and mark the number in the box (*no 06 is intentional*)
 - ✓ For each substance, use the frequency codes 0,1,2,3,4 to indicate how frequently the substance was used.
 - ✓ If client reports use of a drug other than tobacco, alcohol, marijuana/hashish, cocaine/crack or heroin/opiate, use the code list key with codes 05-17 to identify the other drug used.
- **Item i - if client reports no substance use at all, mark 'X' or \surd in the circle.**

10. Current Living Arrangement Code – Select one setting from list that best describes the place the client has lived for 2 or more consecutive weeks. Write the code in the boxes.

Which of the following best describes where the client has lived for two or more weeks?

01. Independent – in own house, apartment, mobile home, rooming house, dormitory, barracks
02. Living with parents or relatives
03. Living alone with supports - receives in-home assistance from a provider
04. Homeless – street, vehicle, shelter
05. Correctional facility – prison, jail, training school, detention center
06. Institution - psychiatric hospital, mental retardation center, Wright School, Whitaker School or any other secure non-medical facility
07. Residential facility - halfway house, group home, child caring institution
08. Foster family, alternative family living
09. Nursing Home - Intermediate Care Facility (ICF) or Skilled Nursing Facility (SNF)
10. Adult care home - 7 beds or more, Rest Home
11. Adult care home – 6 beds or less, Family Care Home, DDA group home
12. Community ICF-MR - 6 beds or less
13. Community ICF-MR - 7 beds or more
14. Hospital - Medical

Note: If the client is temporarily living somewhere that is not the usual living arrangement, such as hospitalization for a medical reason, select the living arrangement that best describes where the client has lived for the most recent two consecutive weeks in the last 3 months.

11a. Is the individual currently living in housing arranged/supervised by the area program?

Did the mental health center provide assistance or arrange for you to live in your current residence?

The intent is to look at the client's "usual" residence.

Mark the client's response.

- **Yes** - Client was placed by area program or given assistance in finding housing in a group home, independent living situation, treatment facility, etc. Do not include an inpatient setting.
- **No** - Client made living arrangements without assistance from the area program.

11b. Is the individual currently living in a residence of his/her choice?

Did you choose to live where you are living now? Did you have any choices?

Mark the client's response.

- **Yes** - from self-report, chose to live in this residence, housing situation
- **No** - from self-report, if client did not choose this residence, housing situation.

11c. Is the individual currently living in a setting that maximizes his/her independence?

Do you feel you are living in a place that lets you live as independently as possible?

Mark the client's response.

- **Yes** - Client reports that his/her living situation allows maximum independence.
- **No** - Client reports that his/her living situation does not allow maximum independence.

It may be useful for the clinician and guardian, if appropriate, to discuss what independence means to this client. This question asks for the client's opinion, with the assistance from the clinician if appropriate.

12a. Does the client report that persons living with him/her have abused substances within the last three months?

Does anyone in your household currently abuse substances?

Intent is to assess both the client's safety as well as whether the living arrangement supports the client's treatment goals. The clinician should answer based on the client's response only.

Mark the client's response.

- **Yes** - Client reports abuse of substances listed in Item #10 (except for tobacco).
- **No** - Client reports living in a residence free of substance abuse.

12b. Does the client report being kicked, hit or slapped or otherwise physically hurt by a spouse/partner or other person in the home within the last 3 months.

In the last 3 months (since 'month'), have you been physically hurt by someone in your household?"

The intent of this question is to ask about safety, in the residence, from domestic or intentional violence as opposed to accidental and/or environmental injuries.

Mark the client's response.

- **Yes** - The client or guardian reports being physically hurt by someone in his/her household.
- **No** - The client reports no physical violence or abuse.

Note: If the client reports an incident(s) that is a reportable offense under NC law, the clinician must follow the NC law for reporting abuse. Spanking or other disciplinary actions that do serious physical injury to a child, qualify as inappropriate discipline, and should be reported. When in doubt, report the situation to DSS for investigation.

12c. Has there been a Child or Adult Protective Service investigation for this household since the last MH/SA COI?

For the initial COI, ask in the last 12 months. Please ask the client for this information. If the client refuses to answer, leave blank unless the clinician has direct knowledge of such an investigation.

Mark client's response.

- **Yes** - Client/guardian reports that a DSS investigation of abuse, neglect or dependency has been done or is underway.
- **No** - Client/guardian reports that no investigation has been done or is underway.

12d. Is the client currently living in substandard housing?

Do you have plumbing, running water and heat in the place where you are living now?

Mark the client's response.

- **Yes** - Client lives in housing with no indoor plumbing or no hot/cold running water or no heat.
 - **No** - Client lives in housing with plumbing, and running water and heat.
-

13. In the past 3 months, has the client had any arrests (including DWI), probation or parole violations (exclude other traffic offenses)?

Since (month) have you been arrested? Have you had any traffic violations for driving while intoxicated?

The intent of this question is to determine involvement with the criminal justice system. Conviction for a crime is not required for a yes answer.

Mark client's response.

- **Yes** - Client/guardian reports being arrested, or violating parole or probation. Do not include traffic offenses other than DWI.
 - **No** - Client/guardian reports no arrests, etc. or it is not applicable for this client.
-

14. Current employment status

Which of the following best describes your current employment situation?

Place the code from the list 0-9 in the box that best applies to the client's current status. Do not leave blank.

0. Unemployed – Not working but seeking work.
1. Employed full-time - May be a temporary job. Works \geq 35 hours/week
2. Employed part time - May be a temporary job. Works < 35 hours/week
3. Not in work force, student - Not looking for work, enrolled in school, college or training program)
4. Not in work force, retired - Not looking for work, retired.
5. Not in work force, homemaker - Not looking for work.
6. Not in work force, not available for work - May be due to disability, impairment, or lack of desire.
7. Armed Forces/Nat'l Guard - Active duty.
8. Seasonal/Migrant work
9. Unknown

Note: Work refers to legal work activities. Full-time drug dealing does not qualify as employment.

15. Expanded Employment Descriptors

Do any of the following situations also describe your current employment situation?

Mark all that apply.

- a. Student – Full time or part-time in any educational setting
- b. Unpaid Work/Community Service – Volunteer work, Work First community service, etc. Do *not* include court-ordered community service
- c. Sheltered Employment – Less than minimum wage. Work that occurs inside a facility such as a sheltered workshop and is compensated at a "piecework" rate. Persons are paid according to their individually determined productivity rate.
- d. Supported /Transitional Employment – Community based employment which is typically compensated at the prevailing rate but may be less than minimum wage if the employer is certified to pay less. Clients in supported employment have a job coach who assists with on-the-job training and support. Clients in transitional employment may be working with VR to reestablish work pattern or to assess their ability to work in a particular setting.

- e. Same Employer for 3 mo. or more – Refers to job stability. May have different “boss” or different job assignments, but has worked in the same place or for same company for ≥ 3 mo.
- f. Retired - Not looking for work, did work full-time or part-time prior to retirement
- g. Unable to work (incapacitated, ill) – From self-report, does not require doctor verification.
- h. Institutionalized - Hospitalized for physical or psychiatric reasons, unable to live independently, skilled nursing facility
- i. Incarcerated - Prison, local jail, detention
- j. Vocational Rehabilitation – Receiving services to enable client to find employment, receive job training, etc. May be a residential program sponsored by VR.
- k. On waiting list for Vocational Supports - May be waiting for a slot in a sheltered employment setting, job coach, etc.
- l. Adult Day Vocational Program (ADVP)
- m. Not seeking employment

16. Hours worked

FOR ALL CLIENTS:

16a. *How many hours did you work for pay for the average week in the past 3 months?*

Enter the number of paid hours worked for the average week in the past 3 months.

16b. *Not for pay?*

Enter the number of unpaid hours worked for the average week in the past 3 months.

Note: It is possible to have entries in both boxes.

FOR Work First Clients:

How many Work First hours did you work for pay in the average week? Not for pay?

FOR WORK FIRST CLIENTS:

16c. Enter the number of Work First paid hours for average week in the past 3 months.

16d. Enter the number of Work First unpaid hours for average week in the past 3 months.

- Unpaid hours refers to volunteer work, community service (do not include court-ordered community service)

Mark numbers in boxes from right. If single digit, mark ‘0’ then number (Example: 05). If no hours reported, mark ‘00’.

Mark numbers in boxes from right. If single digit, mark ‘0’ then number —————▶

0	5
---	---

If no hours reported, mark ‘00’ —————▶

0	0
---	---

17. Academic/Vocational Information

STUDENTS:

17a. Has the client received a grade promotion, diploma or GED as scheduled since the last MH/SA COI?

Have you completed any academic program since (month of last MH/SA COI)?

For initial MH/SA COI, ask about last 12 months.

Note: This item applies to all ages. The intent of this question is to determine if a person is involved in academic activities. The information can indicate if the person is in the appropriate grade, graduating on schedule, functioning in an educational environment, etc.?

Enter the appropriate code in the box:

1. **Yes**, completed a program of study or promoted a grade as scheduled
2. **Is still enrolled in the program of study, but not completed or promoted**
3. **No**, did not complete program as scheduled (dropped out, failed, ejected)
4. **Not applicable** - not enrolled in a program of study

17b. In the past 3 months, has the client missed more than 5 days of school due to truancy? (For children <18 only, enrolled in school)

Since ('month') have you missed any days of school because you cut school? How many days? More than 5 days?

Use self-report or guardian's report. Do not include excused absences including illness.

- **Yes** - client/guardian reports missing more than 5 days due to truancy (cutting school)
- **No** - client/guardian reports that client has missed 5 or less days of school due to truancy.
- Leave blank for adults and children not enrolled in school.

17c. In past 3 months has the client received an out of school suspension or been expelled from school? (For children <18 only, enrolled in school)

Since (month) have you been suspended or expelled from school?

Use self-report or guardian's report.

- **Yes** - Client or guardian reports that the client has been suspended (temporary) or expelled (permanent) from school. Do not include "in-school suspensions" as a yes.
- **No** - Client/guardian reports that client has not been suspended or expelled.
- Leave blank for adults and children not enrolled in school.

CLIENTS IN A VOCATIONAL PROGRAM:

17d. Since the last MH/SA COI, has the client completed a vocational program?

Have you completed a vocational training program since ('month') ?

- **Yes** - client has completed a vocational program, including skill certification, VR program, etc.
- **No** - client has not completed a vocational program
- Leave blank if not enrolled in a vocational program

Global Assessment of Functioning (GAF)

The Global Assessment of Functioning (GAF) is done for the MH/SA COI, child and adult, each time the MH/SA COI is completed. The GAF is also used as the basis for LOE assessment for Adult Mental Health and Adult Substance Abuse clients.

The GAF is a 100 point scale to measure "psychological, social and occupational functioning" and is Axis V on the multi-axial system described in the DSMIV Manual. A copy of the GAF is in the DSMIV Manual. Scores range from 100 is for a high functioning individual to 1 for a very low functioning individual. For the purposes of the MH/SA COI and the LOE assessment, the GAF score is based on the lowest functioning over the past week.

A set of training materials for the GAF is available from:

Institute for Behavioral Health
4370 Alpine Road, Suite 209
Portola Valley, California 94028
650/851-8411/fax 650/851-0406

The training packet includes an audio tape, case examples, a pre and post test, and a form for applying for CE/CME credits. The cost of the packet is \$30 plus shipping and handling.

COI Operations: A Brief Overview of the Process

There are five basic steps from the point of collecting the data to the point of analyzing the data.

Step 1: The Area Program Batches Its Forms to the State's Data Entry Contractor.

- The clinical staff complete assessments for COIs as scheduled.
- The administrative staff collect and pre-edit the completed COIs.
- A batch form is completed and a count is listed for each type of COI:
 - ❖ DD
 - ❖ EI
 - ❖ MH/SA

Please note that beginning October 1, 1999 there will be a new Batch Cover Sheet. That batch cover sheet should accompany all forms and be sent directly to the Data Entry Contractor and not to the Division's Outcomes Manager.

- These forms should be sent in time to reach the Data Entry Contractor by the 20th of the month

Or:

- Alternatively, an area program may make arrangements to send a file with the input format as provided in this manual. Please note that all edits described on this table **MUST** be performed prior to sending the file.

Step 2: At the State level, the data will be edited and keyed by the Data Entry Contractor.

- The COI batches are received by the Data Entry Contractor.
- A Unique COI # will be stamped on each form.
- The Data Entry Contractor will verify that the facility code is correct and that the record number and COI Date are filled in.
- The data on these forms will be key entered into files whose formats match those provided in this operations section.
- All forms received by the 20th of the month will be included in the monthly electronic submission sent to the State by the Data Entry Contractor.

Step 3: The data from the COI will be enriched with Client Data Warehouse (CDW) data.

- The State receives an electronic submission from the Data Entry Contractor.
- The records are "matched" with the State's Client Data Warehouse (CDW).
- Once the matching is completed, two turnaround files ("matched" and "unmatched") will be created for each type of COI (DD, EI, and MH/SA) and made available to the area program.
- Demographic and diagnostic data will be added to COI data for "matched" COIs. These files will be: 'DHR.OUT.MATCH.XX.AP###.mmmyy' where XX = COI type (DD, EI, or MH), ### = area program number and mmyy = month, year in the format OCT99.

- The records "unmatched" records will be stored in a separate file. The "unmatched file" will contain area program data + original process date for ALL unmatched clients for the area program, i.e., these files will be cumulative. This file will be: 'DHR.OUT.NOMAT.XX.AP####.mmmyy' where XX = COI type (DD, EI, or MH), #### = area program number and mmmyy = month, year in the format OCT99.
- Formats for each of the input files and for the output "unmatched" and "matched" files are provided in this document.
- The COI records that do not match will be kept in a "nomatch" file that will be run through the matching process in each subsequent month until it matches.
- The CDW data to be included in the "matched" turnaround files are:
 - Age - calculated using Date of Birth and COI Date
 - Adult/child flag - based on age; child = < 18, adult = 18 or older
 - Principal Diagnosis
 - Most Recent Primary Diagnosis
 - Next Most Recent Primary Diagnosis
 - Primary Disability - from LOE
 - Diagnosis Disability - derived from Principal Diagnosis
 - Race
 - Gender
 - County of Residence
 - Level of Eligibility
 - Referral Source
 - Employment Status
 - Education Level (at admission)
 - Marital Status
 - Most Recent Admission Date <= COI Date
 - Substance Abuse Flag
 - Mental Health Flag
 - Developmental Disability Flag
 - SPMI Flag
 - Thomas S. flag
 - Willie M. flag

Note: Previous 6 flags are based on all diagnosis records for a client for an admission.

Step 4: Data files are posted to a secure FTP site for each area program.

- The state posts these six files monthly for each area program.
- Each area program gets the separate files for "matched and "unmatched".
- The data is secure – area programs can access only their own data files.
- Using File Transfer Protocol (FTP), area programs download the files.

Step 5: Area Programs read their data into an ACCESS database.

- An Access 2.0 database shell, structured to store the returned data, will be distributed to allow consistent storage of the returned data and facilitate querying the data for decision support purposes.
- The area programs can use this ACCESS database to analyze their data for outcome assessment.
- Additional routine reports, such as compliance reports and reports that compare area program data to statewide averages, will be provided to area programs on a quarterly basis.

EI Input File Format and Associated Required Edits
(This file format can be used to report EI COI data to the Division electronically.)

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
Form	Form type	form_typ	2	1-2	alpha	EI; non-blank
1a	Client Record Number	rec_num	6	3-8	alpha	non-blank
1b	Unique ID	uniq_id	11	9-19	alpha	4 alpha; 6 numeric; 1alpha; can be blank
1c	Admission Date	adm_dte	8	20-27	date	non-blank ; valid date: MMDDYYYY
1d	Date of Last Face to Face Contact	last_cont	8	28-35	date	non-blank ; valid date: MMDDYYYY
1e	Date EI COI Completed	coi_dte	8	36-43	date	non-blank ; valid date: MMDDYYYY
2a	Facility Code	fac_code	5	44-48	alpha	non-blank
2b	Report Unit/Cost Center	rpt_unit	6	49-54	alpha	
2c	Project Code	proj_code	6	55-60	alpha	
2d	Case Manager/Clinician Code	case_mgr	6	61-66	alpha	
3a	EI COI Type	coi_type	1	67	alpha	1, 2, or 3
3b	Non-completion Code	non_cmpl	1	68	alpha	1,2,3,9 or blank
3c	Discharge Only	discharge	1	69	alpha	1-4, 9 or blank required if value for 3a = 3
4a	SP – None	sp_none	1	70	alpha	1 or blank
4b	SP – Work First Client	work_fst	1	71	alpha	1 or blank
4c	SP – Medicaid Recipient	mcaid_rec	1	72	alpha	1 or blank
4d	SP - CAP MR/DD	cap_mrdd	1	73	alpha	1 or blank
4e	SP - SSI/SSDI	ssi_ssdi	1	74	alpha	1 or blank
4f	SP - SED (Child)	sed	1	75	alpha	1 or blank
4g	SP – SPMI (Adult)	spmi	1	76	alpha	1 or blank
4h	SP – TBI	tbi	1	77	alpha	1 or blank
4i	SP – Child in DSS Custody	dss_cust	1	78	alpha	1 or blank
4j	SP - Deaf/Hard of Hearing	deaf_hh	1	79	alpha	1 or blank
4k	SP - Non-English Speaking	non_eng	1	80	alpha	1 or blank
4l	SP – Sexually Aggressive Youth	sex_agg	1	81	alpha	1 or blank
4m	SP – Pregnant	pregnant	1	82	alpha	1 or blank
4n	SP – Maternal	maternal	1	83	alpha	1 or blank
4o	SP – Juvenile/Criminal Justice	juv_cj	1	84	alpha	1 or blank
4p	SP – Communicable Disease Risk	comm_dis	1	85	alpha	1 or blank
5	Living Arrangement	liv_arr	2	86-87	alpha	01-14
6	Typical community activities	commnty	1	88	alpha	1, 2, 3, 9 or blank
7	School/center children not disabil.	sch_arr	1	89	alpha	1, 2, 3, 9 or blank
8	Family planning goals/services	famly_plan	1	90	alpha	1, 2, 3, 9 or blank
9	Family role choosing services	famly_chos	1	91	alpha	1, 2, 3, 9 or blank
10	Routine medical/dental care	medical	1	92	alpha	1, 2, 3, 9 or blank
11	Mental health care	mh	1	93	alpha	1, 2, 3, 9 or blank
12	Family mental health care	fam_mh	1	94	alpha	1, 2, 3, 9 or blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
13	Family utilize other comm. serv.	fam_comm	1	95	alpha	1-4, 9 or blank
14	Family understanding	fam_under	1	96	alpha	1-4, 9 or blank
15a	Communication skills	communic	1	97	alpha	1-4, 9 or blank
15b	Motor skills	motor	1	98	alpha	1-4, 9 or blank
15c	Self-help	self_help	1	99	alpha	1-4, 9 or blank
15d	Social-emotional	soc_emot	1	100	alpha	1-4, 9 or blank
15e	Thinking and learning	thinking	1	101	alpha	1-4, 9 or blank
16a	Hospital to home transition	home_tran	1	102	alpha	1-4, 9 or blank
16b	Home to center transition	cntr_tran	1	103	alpha	1-4, 9 or blank
16c	Ap serv to publ school services	schl_tran	1	104	alpha	1-4, 9 or blank
	COI Sequence Number - to be manually generated on form and entered in file.	coi_num	9	157-165	num	4 bytes year; 5 byte seq number - used to tie paper form to entered record.

El Output File Format and Associated Required Edits

Output File Layouts:

Unmatched File: Same as input file with the addition of the original process date field.

	Process Date - date first processed	proc_date	8	166-173	date	blank for first input files; contains date in unmatched file (mmddyyyy).
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Matched File: This is the format of the data that will be returned to area programs monthly:

Notes: All dates should be in MMDDYYYY format.

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
Form	Form type	form_typ	2	1-2	alpha	EI; non-blank
1a	Client Record Number	rec_num	6	3-8	alpha	non-blank
1b	Unique ID	uniq_id	11	9-19	alpha	4 alpha; 6 numeric; 1 alpha; can be blank
1c	Admission Date	adm_dte	8	20-27	date	non-blank ; valid date: MMDDYYYY
1d	Date of Last Face to Face Contact	last_cont	8	28-35	date	non-blank ; valid date: MMDDYYYY
1e	Date EI COI Completed	coi_dte	8	36-43	date	non-blank ; valid date: MMDDYYYY
2a	Facility Code	fac_code	5	44-48	alpha	non-blank
2b	Report Unit/Cost Center	rpt_unit	6	49-54	alpha	
2c	Project Code	proj_code	6	55-60	alpha	
2d	Case Manager/Clinician Code	case_mgr	6	61-66	alpha	
3a	EI COI Type	coi_type	1	67	alpha	1, 2, or 3
3b	Non-completion Code	non_cmpl	1	68	alpha	1,2,3,9 or blank
3c	Discharge Only	discharge	1	69	alpha	1-4, 9 or blank required if value for 3a = 3
4a	SP – None	sp_none	1	70	alpha	1 or blank
4b	SP – Work First Client	work_fst	1	71	alpha	1 or blank
4c	SP – Medicaid Recipient	mcaid_rec	1	72	alpha	1 or blank
4d	SP - CAP MR/DD	cap_mrdd	1	73	alpha	1 or blank
4e	SP - SSI/SSDI	ssi_ssdi	1	74	alpha	1 or blank
4f	SP - SED (Child)	sed	1	75	alpha	1 or blank
4g	SP – SPMI (Adult)	spmi	1	76	alpha	1 or blank
4h	SP – TBI	tbi	1	77	alpha	1 or blank
4i	SP – Child in DSS Custody	dss_cust	1	78	alpha	1 or blank
4j	SP - Deaf/Hard of Hearing	deaf_hh	1	79	alpha	1 or blank
4k	SP - Non-English Speaking	non_eng	1	80	alpha	1 or blank
4l	SP – Sexually Aggressive Youth	sex_agg	1	81	alpha	1 or blank
4m	SP – Pregnant	pregnant	1	82	alpha	1 or blank
4n	SP – Maternal	maternal	1	83	alpha	1 or blank
4o	SP – Juvenile/Criminal Justice	juv_cj	1	84	alpha	1 or blank
4p	SP – Communicable Disease Risk	comm_dis	1	85	alpha	1 or blank
5	Living Arrangement	liv_arr	2	86-87	alpha	01-14
6	Typical community activities	commnty	1	88	alpha	1, 2, 3, 9 or blank
7	School/center children not disabil.	sch_arr	1	89	alpha	1, 2, 3, 9 or blank
8	Family planning goals/services	family_plan	1	90	alpha	1, 2, 3, 9 or blank
9	Family role choosing services	family_chos	1	91	alpha	1, 2, 3, 9 or blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
10	Routine medical/dental care	medical	1	92	alpha	1, 2, 3, 9 or blank
11	Mental health care	mh	1	93	alpha	1, 2, 3, 9 or blank
12	Family mental health care	fam_mh	1	94	alpha	1, 2, 3, 9 or blank
13	Family utilize other comm. serv.	fam_comm	1	95	alpha	1-4, 9 or blank
14	Family understanding	fam_under	1	96	alpha	1-4, 9 or blank
15a	Communication skills	communic	1	97	alpha	1-4, 9 or blank
15b	Motor skills	motor	1	98	alpha	1-4, 9 or blank
15c	Self-help	self_help	1	99	alpha	1-4, 9 or blank
15d	Social-emotional	soc_emot	1	100	alpha	1-4, 9 or blank
15e	Thinking and learning	thinking	1	101	alpha	1-4, 9 or blank
16a	Hospital to home transition	home_tran	1	102	alpha	1-4, 9 or blank
16b	Home to center transition	cntr_tran	1	103	alpha	1-4, 9 or blank
16c	Ap serv to publ school services	schl_tran	1	104	alpha	1-4, 9 or blank
	COI Sequence Number - to be manually generated on form and entered in file.	coi_num	9	157-165	num	4 bytes year; 5 byte seq number - used to tie paper form to entered record.
101	Age	age	3	166-168	num	calculated using Date of Birth and COI Date
102	Adult/child flag -	adu_chi	1	169	alpha	based on age; child = < 18, adult = 18 or older : A = adult C = child
103	Total CAFAS Score	cafs_tot	3	170-172	num	Total of scores in columns 88-97; can be blank.
104	Principal Diagnosis	prin_diag	5	173-177	alpha	
105	Principal Diagnosis Group	prin_diag_grp	2	178-179	alpha	NIMH diagnosis group of principal diag code
106	Most Recent Primary Diagnosis	curr_prim_diag	5	180-184	alpha	
107	Most Recent Diagnosis Group	curr_diag_grp	2	185-186	alpha	NIMH diagnosis group of most recent diag code
108	Next Most Recent Primary Diagnosis	prior_prim_diag	5	187-191	alpha	
109	Next Most Recent Diagnosis Group	prior_diag_grp	2	192-193	alpha	NIMH diagnosis group of next most recent diag code
110	Primary Disability - from LOE	loe_prim_diag	5	194-198	alpha	
111	Diagnosis Disability - derived from Principal Diagnosis	diag_disab	1	199	alpha	1=Mental Health; 2=Substance Abuse; 3=Developmental Disability; 4=Funded <u>Thomas S.</u>
112	Race	race	1	200	alpha	
113	Gender	gender	1	201	alpha	
114	County of Residence	county_res	2	202-203	alpha	

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
115	Level of Eligibility	loe	1	204	alpha	
116	Referral Source	ref_src	2	205-206	alpha	
117	Employment Status	emp_stat	2	207-208	alpha	
118	Education Level (at admission)	edu_lvl	2	209-210	alpha	
119	Marital Status	mar_stat	1	211	alpha	
120	Most Recent Admission Date <= COI Date	rec_adm_date	8	212-219	date	
121	Substance Abuse Flag	sa_flag	1	220	alpha	1 or blank
122	Mental Health Flag	mh_flag	1	221	alpha	1 or blank
123	Developmental Disability Flag	dd_flag	1	222	alpha	1 or blank
124	SPMI Flag	spmi_flag	1	223	alpha	1 or blank
125	Thomas S. Flag	thom_flg	1	224	alpha	1 or blank
126	Willie M. Flag	will_flg	1	225	alpha	1 or blank
	Note: Previous 6 flags are based on all diagnosis records for a client for admission date in column 20-27.					

DD Input File Format and Associated Required Edits

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
Form	Form type	form_typ	2	1-2	alpha	DD; non-blank
1a	Client Record Number	rec_num	6	3-8	alpha	non-blank
1b	Unique ID	uniq_id	11	9-19	alpha	4 alpha; 6 numeric; 1alpha; can be blank
1c	Admission Date	adm_dte	8	20-27	date	non-blank ; valid date: MMDDYYYY
1d	Date of Last Face to Face Contact	last_cont	8	28-35	date	non-blank ; valid date: MMDDYYYY
1e	Date DD COI completed	coi_dte	8	36-43	date	non-blank ; valid date: MMDDYYYY
2a	Facility Code	fac_code	5	44-48	alpha	non-blank
2b	Report Unit/Cost Center	rpt_unit	6	49-54	alpha	
2c	Project Code	proj_code	6	55-60	alpha	
2d	Case Manager/Clinician Code	case_mgr	6	61-66	alpha	
3a	DD COI Type	coi_type	1	67	alpha	1, 2, or 3
3b	Non-completion Code	non_cmpl	1	68	alpha	1, 2, 3, 9 or blank
3c	Discharge Only	discharge	1	69	alpha	1, 2, 3, 9 or blank required if value for 3a = 3;
4a	SP – None	sp_none	1	70	alpha	1 or blank
4b	SP – Work First Client	work_fst	1	71	alpha	1 or blank
4c	SP – Medicaid Recipient	mcaid_rec	1	72	alpha	1 or blank
4d	SP - CAP MR/DD	cap_mrdd	1	73	alpha	1 or blank
4e	SP - SSI/SSDI	ssi_ssdi	1	74	alpha	1 or blank
4f	SP - SED (Child)	sed	1	75	alpha	1 or blank
4g	SP – SPMI (Adult)	spmi	1	76	alpha	1 or blank
4h	SP – TBI	tbi	1	77	alpha	1 or blank
4i	SP – Child in DSS Custody	dss_cust	1	78	alpha	1 or blank
4j	SP - Deaf/Hard of Hearing	deaf_hh	1	79	alpha	1 or blank
4k	SP - Non-English Speaking	non_eng	1	80	alpha	1 or blank
4l	SP – Sexually Aggressive Youth	sex_agg	1	81	alpha	1 or blank
4m	SP – Pregnant	pregnant	1	82	alpha	1 or blank
4n	SP – Maternal	maternal	1	83	alpha	1 or blank
4o	SP – Juvenile/Criminal Justice	juv_cj	1	84	alpha	1 or blank
4p	SP – Communicable Disease Risk	comm_dis	1	85	alpha	1 or blank
5	Living Arrangement	liv_arr	2	86-87	alpha	01-14
6a	Paid Hours Worked	pd_hrs	2	88-89	num	can be blank
6b	Unpaid Hours Worked	unpd_hrs	2	90-91	num	can be blank
6c	Work First Paid Hours	wf_pd	2	92-93	num	can be blank
6d	Work First Unpaid Hours	wf_unpd	2	94-95	num	can be blank
7	Current Employment Status Code	emp_stat	1	96	alpha	0 – 9
8a	EE - Student	student	1	97	alpha	1 or blank
8b	EE - Unpaid/Community Service	comm_serv	1	98	alpha	1 or blank
8c	EE - Sheltered Employment	shel_emp	1	99	alpha	1 or blank
8d	EE - Supported/transitional Emp.	supp_emp	1	100	alpha	1 or blank
8e	EE - Same Employer >= 3 mos.	same_emp	1	101	alpha	1 or blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
8f	EE - Waiting list	wait_list	1	102	alpha	1 or blank
8g	EE - Retired	retired	1	103	alpha	1 or blank
8h	EE - Unable to Work	cant_work	1	104	alpha	1 or blank
8I	EE - Institutionalized	inst	1	105	alpha	1 or blank
8j	EE - Incarcerated	incarc	1	106	alpha	1 or blank
8k	EE - Vocational Rehabilitation	voc_rehab	1	107	alpha	1 or blank
8l	EE - ADVP	ADVP	1	108	alpha	1 or blank
8m	EE - Not looking for employment	not_look	1	109	alpha	1 or blank
9	Control personal use of money	money	1	110	alpha	1-4, 9 or blank
10a	Household supervised by AP?	apsup_hh	1	111	alpha	1 or 2
10b	Residence of client's choice?	res_choice	1	112	alpha	1 or 2 or blank
10c	Maximum independence?	max_ndpn	1	113	alpha	1 or 2 or blank
11	Chooses daily activities	activity	1	114	alpha	1-4, 9 or blank
12	Chooses family/friends time	fam_time	1	115	alpha	1-4, 9 or blank
13	Inclusive education	incl_edu	1	116	alpha	1-4, 9 or blank
14	Inclusive community	incl_comm	1	117	alpha	1-4, 9 or blank
15	Reciprocal relationships	recip_rel	1	118	alpha	1-4, 9 or blank
16	Treatment participation	trmt_part	1	119	alpha	1-4, 9 or blank
17	Routine medical care	medical	1	120	alpha	1-4, 9 or blank
18	Specialized medical care	spec_med	1	121	alpha	1-4, 9 or blank
19	Outpatient mental health care	out_mh	1	122	alpha	1-4, 9 or blank
20	Inpatient mental health care	in_mh	1	123	alpha	1-4, 9 or blank
21	Assistive technology, etc.	technol	1	124	alpha	1-4, 9 or blank
22	Oral/dental care	dental	1	125	alpha	1-4, 9 or blank
23	Case management services	case_mgt	1	126	alpha	1-4, 9 or blank
24a	Physical harm	phys_harm	1	127	alpha	1 or 2 or blank
24b	Emotional/mental harm	emot_harm	1	128	alpha	1 or 2 or blank
24c	Sexual abuse/exploitation	sex_abuse	1	129	alpha	1 or 2 or blank
24d	Money/possessions stolen/exploit	money_ab	1	130	alpha	1 or 2 or blank
24e	Environmental hazard	envrn_haz	1	131	alpha	1 or 2 or blank
24f	Risk-taking behavior	risk_beh	1	132	alpha	1 or 2 or blank
25a	SA – Tobacco	tobacco	1	133	alpha	0-4; blank
25b	SA – Heavy Alcohol	hvy_alc	1	134	alpha	0-4; blank
25c	SA – Alcohol	alcohol	1	135	alpha	0-4; blank
25d	SA - Marijuana/Hash	mar_hash	1	136	alpha	0-4; blank
25e	SA - Cocaine/Crack	cocaine	1	137	alpha	0-4; blank
25f	SA - Heroin/Opiate	her_opi	1	138	alpha	0-4; blank
25g	SA - Inhalents	sa_inhal	1	139	alpha	0-4; blank
25h	SA - No Use at All	sa_no	1	140	alpha	0 or blank
26	Criminal Justice System	crim_jus	1	141	alpha	1 or 2 or blank
	COI Sequence Number - to be manually generated on form and entered in file.	coi_num	9	157-165	num	4 bytes year; 5 byte seq number - used to tie paper form to entered record.

DD Output File Format and Associated Required Edits

Output File Layouts:

Unmatched File: Same as input file with the addition of the original process date field.

	Process Date - date first processed	proc_date	8	166-173	date	blank for first input files; contains date in unmatched file (mmddyyyy).
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Matched File: This is the format of the data that will be returned to area programs monthly:

Notes: All dates should be in MMDDYYYY format.

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
Form	Form type	form_typ	2	1-2	alpha	DD; non-blank
1a	Client Record Number	rec_num	6	3-8	alpha	non-blank
1b	Unique ID	uniq_id	11	9-19	alpha	4 alpha; 6 numeric; 1alpha; can be blank
1c	Admission Date	adm_dte	8	20-27	date	non-blank ; valid date: MMDDYYYY
1d	Date of Last Face to Face Contact	last_cont	8	28-35	date	non-blank ; valid date: MMDDYYYY
1e	Date DD COI completed	coi_dte	8	36-43	date	non-blank ; valid date: MMDDYYYY
2a	Facility Code	fac_code	5	44-48	alpha	non-blank
2b	Report Unit/Cost Center	rpt_unit	6	49-54	alpha	
2c	Project Code	proj_code	6	55-60	alpha	
2d	Case Manager/Clinician Code	case_mgr	6	61-66	alpha	
3a	DD COI Type	coi_type	1	67	alpha	1, 2, or 3
3b	Non-completion Code	non_cmpl	1	68	alpha	1, 2, 3, 9 or blank
3c	Discharge Only	discharge	1	69	alpha	1, 2, 3, 9 or blank required if value for 3a = 3;
4a	SP – None	sp_none	1	70	alpha	1 or blank
4b	SP – Work First Client	work_fst	1	71	alpha	1 or blank
4c	SP – Medicaid Recipient	mcaid_rec	1	72	alpha	1 or blank
4d	SP - CAP MR/DD	cap_mrdd	1	73	alpha	1 or blank
4e	SP - SSI/SSDI	ssi_ssdi	1	74	alpha	1 or blank
4f	SP - SED (Child)	sed	1	75	alpha	1 or blank
4g	SP – SPMI (Adult)	spmi	1	76	alpha	1 or blank
4h	SP – TBI	tbi	1	77	alpha	1 or blank
4i	SP – Child in DSS Custody	dss_cust	1	78	alpha	1 or blank
4j	SP - Deaf/Hard of Hearing	deaf_hh	1	79	alpha	1 or blank
4k	SP - Non-English Speaking	non_eng	1	80	alpha	1 or blank
4l	SP – Sexually Aggressive Youth	sex_agg	1	81	alpha	1 or blank
4m	SP – Pregnant	pregnant	1	82	alpha	1 or blank
4n	SP – Maternal	maternal	1	83	alpha	1 or blank
4o	SP – Juvenile/Criminal Justice	juv_cj	1	84	alpha	1 or blank
4p	SP – Communicable Disease Risk	comm_dis	1	85	alpha	1 or blank
5	Living Arrangement	liv_arr	2	86-87	alpha	01-14
6a	Paid Hours Worked	pd_hrs	2	88-89	num	can be blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
6b	Unpaid Hours Worked	unpd_hrs	2	90-91	num	can be blank
6c	Work First Paid Hours	wf_pd	2	92-93	num	can be blank
6d	Work First Unpaid Hours	wf_unpd	2	94-95	num	can be blank
7	Current Employment Status Code	emp_stat	1	96	alpha	0 – 9
8a	EE - Student	student	1	97	alpha	1 or blank
8b	EE - Unpaid/Community Service	comm_serv	1	98	alpha	1 or blank
8c	EE - Sheltered Employment	shel_emp	1	99	alpha	1 or blank
8d	EE - Supported/transitional Emp.	supp_emp	1	100	alpha	1 or blank
8e	EE - Same Employer >= 3 mos.	same_emp	1	101	alpha	1 or blank
8f	EE - Waiting list	wait_list	1	102	alpha	1 or blank
8g	EE - Retired	retired	1	103	alpha	1 or blank
8h	EE - Unable to Work	cant_work	1	104	alpha	1 or blank
8i	EE - Institutionalized	inst	1	105	alpha	1 or blank
8j	EE - Incarcerated	incarc	1	106	alpha	1 or blank
8k	EE - Vocational Rehabilitation	voc_rehab	1	107	alpha	1 or blank
8l	EE - ADVP	ADVP	1	108	alpha	1 or blank
8m	EE - Not looking for employment	not_look	1	109	alpha	1 or blank
9	Control personal use of money	money	1	110	alpha	1-4, 9 or blank
10a	Household supervised by AP?	apsup_hh	1	111	alpha	1 or 2
10b	Residence of client's choice?	res_choice	1	112	alpha	1 or 2 or blank
10c	Maximum independence?	max_ndpn	1	113	alpha	1 or 2 or blank
11	Chooses daily activities	activity	1	114	alpha	1-4, 9 or blank
12	Chooses family/friends time	fam_time	1	115	alpha	1-4, 9 or blank
13	Inclusive education	incl_edu	1	116	alpha	1-4, 9 or blank
14	Inclusive community	incl_comm	1	117	alpha	1-4, 9 or blank
15	Reciprocal relationships	recip_rel	1	118	alpha	1-4, 9 or blank
16	Treatment participation	trmt_part	1	119	alpha	1-4, 9 or blank
17	Routine medical care	medical	1	120	alpha	1-4, 9 or blank
18	Specialized medical care	spec_med	1	121	alpha	1-4, 9 or blank
19	Outpatient mental health care	out_mh	1	122	alpha	1-4, 9 or blank
20	Inpatient mental health care	in_mh	1	123	alpha	1-4, 9 or blank
21	Assistive technology, etc.	technol	1	124	alpha	1-4, 9 or blank
22	Oral/dental care	dental	1	125	alpha	1-4, 9 or blank
23	Case management services	case_mgt	1	126	alpha	1-4, 9 or blank
24a	Physical harm	phys_harm	1	127	alpha	1 or 2 or blank
24b	Emotional/mental harm	emot_harm	1	128	alpha	1 or 2 or blank
24c	Sexual abuse/exploitation	sex_abuse	1	129	alpha	1 or 2 or blank
24d	Money/possessions stolen/exploit	money_ab	1	130	alpha	1 or 2 or blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
24e	Environmental hazard	envrn_haz	1	131	alpha	1 or 2 or blank
24f	Risk-taking behavior	risk_beh	1	132	alpha	1 or 2 or blank
25a	SA – Tobacco	tobacco	1	133	alpha	0-4; blank
25b	SA – Heavy Alcohol	hvy_alc	1	134	alpha	0-4; blank
25c	SA – Alcohol	alcohol	1	135	alpha	0-4; blank
25d	SA - Marijuana/Hash	mar_hash	1	136	alpha	0-4; blank
25e	SA - Cocaine/Crack	cocaine	1	137	alpha	0-4; blank
25f	SA - Heroin/Opiate	her_opi	1	138	alpha	0-4; blank
25g	SA - Inhalents	sa_inhal	1	139	alpha	0-4; blank
25h	SA - No Use at All	sa_no	1	140	alpha	0 or blank
26	Criminal Justice System	crim_jus	1	141	alpha	1 or 2 or blank
	COI Sequence Number - to be manually generated on form and entered in file.	coi_num	9	157-165	num	4 bytes year; 5 byte seq number - used to tie paper form to entered record.
101	Age	age	3	166-168	num	calculated using Date of Birth and COI Date
102	Adult/child flag -	adu_chi	1	169	alpha	based on age; child = < 18, adult = 18 or older : A = adult C = child
103	Total CAFAS Score	cafs_tot	3	170-172	num	Total of scores in columns 88-97; can be blank.
104	Principal Diagnosis	prin_diag	5	173-177	alpha	
105	Principal Diagnosis Group	prin_diag_grp	2	178-179	alpha	NIMH diagnosis group of principal diag code
106	Most Recent Primary Diagnosis	curr_prim_diag	5	180-184	alpha	
107	Most Recent Diagnosis Group	curr_diag_grp	2	185-186	alpha	NIMH diagnosis group of most recent diag code
108	Next Most Recent Primary Diagnosis	prior_prim_diag	5	187-191	alpha	
109	Next Most Recent Diagnosis Group	prior_diag_grp	2	192-193	alpha	NIMH diagnosis group of next most recent diag code
110	Primary Disability - from LOE	loe_prim_diag	5	194-198	alpha	
111	Diagnosis Disability - derived from Principal Diagnosis	diag_disab	1	199	alpha	1=Mental Health; 2=Substance Abuse; 3=Developmental Disability; 4=Funded <u>Thomas S.</u>
112	Race	race	1	200	alpha	
113	Gender	gender	1	201	alpha	
114	County of Residence	county_res	2	202-203	alpha	
115	Level of Eligibility	loe	1	204	alpha	

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
116	Referral Source	ref_src	2	205-206	alpha	
117	Employment Status	emp_stat	2	207-208	alpha	
118	Education Level (at admission)	edu_lvl	2	209-210	alpha	
119	Marital Status	mar_stat	1	211	alpha	
120	Most Recent Admission Date <= COI Date	rec_adm_date	8	212-219	date	
121	Substance Abuse Flag	sa_flag	1	220	alpha	1 or blank
122	Mental Health Flag	mh_flag	1	221	alpha	1 or blank
123	Developmental Disability Flag	dd_flag	1	222	alpha	1 or blank
124	SPMI Flag	spmi_flag	1	223	alpha	1 or blank
125	Thomas S. Flag	thom_flg	1	224	alpha	1 or blank
126	Willie M. Flag	will_flg	1	225	alpha	1 or blank
	Note: Previous 6 flags are based on all diagnosis records for a client for admission date in column 20-27.					

MH/SA Input File Format and Associated Required Edits
(This file format can be used to report MH/SA COI data to the Division electronically.)

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
Form	Form type	form_typ	2	1-2	alpha	MH; non-blank
1a	Client Record Number	rec_num	6	3-8	alpha	non-blank
1b	Unique ID	uniq_id	11	9-19	alpha	4 alpha; 6 numeric; 1alpha; can be blank
1c	Admission Date	adm_dte	8	20-27	date	non-blank ; valid date: MMDDYYYY
1d	Date of Last Face to Face Contact	last_cont	8	28-35	date	non-blank ; valid date: MMDDYYYY
1e	Date MH/SA COI completed	coi_dte	8	36-43	date	non-blank ; valid date: MMDDYYYY
2a	Facility Code	fac_code	5	44-48	alpha	non-blank
2b	Report Unit/Cost Center	rpt_unit	6	49-54	alpha	
2c	Project Code	proj_code	6	55-60	alpha	
2d	Case Manager/Clinician Code	case_mgr	6	61-66	alpha	
3a	MH/SA COI Type	coi_type	1	67	alpha	1, 2, or 3
3b	Non-completion Code	non_cmpl	1	68	alpha	1, 2, 3, 9 or blank
3c	Discharge Only	discharge	1	69	alpha	1, 2, 3, 9 or blank required if value for 3a = 3;
4a	SP – None	sp_none	1	70	alpha	1 or blank
4b	SP – Work First Client	work_fst	1	71	alpha	1 or blank
4c	SP – Medicaid Recipient	mcaid_rec	1	72	alpha	1 or blank
4d	SP - CAP MR/DD	cap_mrdd	1	73	alpha	1 or blank
4e	SP - SSI/SSDI	ssi_ssdi	1	74	alpha	1 or blank
4f	SP - SED (Child)	sed	1	75	alpha	1 or blank
4g	SP – SPMI (Adult)	spmi	1	76	alpha	1 or blank
4h	SP – TBI	tbi	1	77	alpha	1 or blank
4i	SP – Child in DSS Custody	dss_cust	1	78	alpha	1 or blank
4j	SP - Deaf/Hard of Hearing	deaf_hh	1	79	alpha	1 or blank
4k	SP - Non-English Speaking	non_eng	1	80	alpha	1 or blank
4l	SP – Sexually Aggressive Youth	sex_agg	1	81	alpha	1 or blank
4m	SP – Pregnant	pregnant	1	82	alpha	1 or blank
4n	SP – Maternal	maternal	1	83	alpha	1 or blank
4o	SP – Juvenile/Criminal Justice	juv_cj	1	84	alpha	1 or blank
4p	SP – Communicable Disease Risk	comm_dis	1	85	alpha	1 or blank
5	GAF Score	gaf	3	86-88	num	000 – 100
6a	CAFAS – Role Performance	cafs_rp	2	89-90	num	00, 10, 20, or 30 or blank
6b	CAFAS – Behavior Towards Others	cafs_bto	2	91-92	num	00, 10, 20, or 30 or blank
6c	CAFAS – Moods/Self Harm	cafs_msh	2	93-94	num	00, 10, 20, or 30 or blank
6d	CAFAS – Substance Abuse	cafs_sa	2	95-96	num	00, 10, 20, or 30 or blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
6e	CAFAS – Thinking	cafs_thk	2	97-98	num	00, 10, 20, or 30 or blank
7a	Actively engaged in treatment?	act_treat	1	99	alpha	1, 2, 3 or blank
7b	Take medications?	meds	1	100	alpha	1, 2, 3 or blank
7c	Self-help?	self_help	1	101	alpha	1 or 2 or blank
7d	Community activities	communy	1	102	alpha	1, 2, 3 or blank
8a	Adm to Inpatient Unit – Psych	adms_psy	2	103-104	num	
8b	Admissions to Inpatient Unit - SA	adms_sa	2	105-106	num	
8c	Face to Face After Regular Hours?	face_reg	1	107	alpha	1 or 2
9a	SA – Tobacco	tobacco	1	108	alpha	0-4; blank
9b	SA – Heavy Alcohol.	hvy_alc	1	109	alpha	0-4; blank
9c	SA – Alcohol	alcohol	1	110	alpha	0-4; blank
9d	SA - Marijuana/Hash	mar_hash	1	111	alpha	0-4; blank
9e	SA - Cocaine/Crack	cocaine	1	112	alpha	0-4; blank
9f	SA - Heroin/Opiate	her_opi	1	113	alpha	0-4; blank
9g	SA - Other Drug Code	sa_ode1	2	114-115	alpha	05 – 17; blank
9g	SA - Other Drug Frequency	sa_odf1	1	116	alpha	0-4; blank
9h	SA - Other Drug Code	sa_ode2	2	117-118	alpha	05 – 17; blank
9h	SA - Other Drug Frequency	sa_odf2	1	119	alpha	0-4; blank
9i	SA - No Use at All	sa_no	1	120	alpha	0 or blank
10	Living Arrangement	liv_arr	2	121-122	alpha	01-14
11a	Household supervised by AP?	apsup_hh	1	123	alpha	1 or 2
11b	Residence of client's choice?	res_choice	1	124	alpha	1 or 2 or blank
11c	Maximum independence?	max_ndpn	1	125	alpha	1 or 2 or blank
12a	Household free of substance abuse?	no_subs	1	126	alpha	1 or 2 or blank
12b	Physical abuse?	phy_abuse	1	127	alpha	1 or 2 or blank
12c	Child/Adult Protective Service Rpt?	caps_rpt	1	128	alpha	1 or 2 or blank
12d	Substandard housing?	sub_hous	1	129	alpha	1 or 2 or blank
13	Arrests?	arrests	1	130	alpha	1 or 2 or blank
14	Current Employment Status Code	emp_stat	1	131	alpha	0 – 9
15a	EE - Student	student	1	132	alpha	1 or blank
15b	EE - Unpaid/Community Service	comm_serv	1	133	alpha	1 or blank
15c	EE - Sheltered Employment	shel_emp	1	134	alpha	1 or blank
15d	EE - Supported/transitional Employment	supp_emp	1	135	alpha	1 or blank
15e	EE - Same Employer for 3 mos. or more	same_emp	1	136	alpha	1 or blank
15f	EE - Retired	retired	1	137	alpha	1 or blank
15g	EE - Unable to Work	cant_work	1	138	alpha	1 or blank
15h	EE - Institutionalized	inst	1	139	alpha	1 or blank
15i	EE - Incarcerated	incarc	1	140	alpha	1 or blank
15j	EE - Vocational Rehabilitation	voc_rehab	1	141	alpha	1 or blank
15k	EE - Waiting list	wait_list	1	142	alpha	1 or blank
15l	EE - ADVP	voc_rehab	1	143	alpha	1 or blank
15m	EE - Not seeking	wait_list	1	144	alpha	1 or blank
16a	Paid Hours Worked	pd_hrs	2	145-146	num	can be blank
16b	Unpaid Hours Worked	unpd_hrs	2	147-148	num	can be blank
16c	Work First Paid Hours	wf_pd	2	149-150	num	can be blank
16d	Work First Unpaid Hours	wf_unpd	2	151-152	num	can be blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
17a	A/V - Completed GED or other academic program?	ged_comp	1	153	alpha	1-3, 9 or blank
17b	A/V - Missed > 5 days school?	miss_schl	1	154	alpha	1 or 2 or blank
17c	A/V - Suspended or expelled?	susp_exp	1	155	alpha	1 or 2 or blank
17d	A/V - Completed vocational program?	voc_prog	1	156	alpha	1 or 2 or blank
	COI Sequence Number - to be manually generated on form and entered in file.	coi_num	9	157-165	num	4 bytes year; 5 byte seq number - used to tie paper form to entered record.

MH/SA Output File Format and Associated Required Edits

Output File Layouts:

Unmatched File: Same as input file with the addition of the original process date field.

	Process Date - date first processed	proc_date	8	166-173	date	blank for first input files; contains date in unmatched file (mmddyyyy).
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Matched File: This is the format of the data that will be returned to area programs monthly:

Notes: All dates should be in MMDDYYYY format.

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
Form	Form type	form_typ	2	1-2	alpha	MH; non-blank
1a	Client Record Number	rec_num	6	3-8	alpha	non-blank
1b	Unique ID	uniq_id	11	9-19	alpha	4 alpha; 6 numeric; 1alpha; can be blank
1c	Admission Date	adm_dte	8	20-27	date	non-blank ; valid date: MMDDYYYY
1d	Date of Last Face to Face Contact	last_cont	8	28-35	date	non-blank ; valid date: MMDDYYYY
1e	Date MH/SA COI completed	coi_dte	8	36-43	date	non-blank ; valid date: MMDDYYYY
2a	Facility Code	fac_code	5	44-48	alpha	non-blank
2b	Report Unit/Cost Center	rpt_unit	6	49-54	alpha	
2c	Project Code	proj_code	6	55-60	alpha	
2d	Case Manager/Clinician Code	case_mgr	6	61-66	alpha	
3a	MH/SA COI Type	coi_type	1	67	alpha	1, 2, or 3
3b	Non-completion Code	non_cmpl	1	68	alpha	1, 2, 3, 9 or blank
3c	Discharge Only	discharge	1	69	alpha	1, 2, 3, 9 or blank required if value for 3a = 3;
4a	SP – None	sp_none	1	70	alpha	1 or blank
4b	SP – Work First Client	work_fst	1	71	alpha	1 or blank
4c	SP – Medicaid Recipient	mcaid_rec	1	72	alpha	1 or blank
4d	SP - CAP MR/DD	cap_mrdd	1	73	alpha	1 or blank
4e	SP - SSI/SSDI	ssi_ssdi	1	74	alpha	1 or blank
4f	SP - SED (Child)	sed	1	75	alpha	1 or blank
4g	SP – SPMI (Adult)	spmi	1	76	alpha	1 or blank
4h	SP – TBI	tbi	1	77	alpha	1 or blank
4i	SP – Child in DSS Custody	dss_cust	1	78	alpha	1 or blank
4j	SP - Deaf/Hard of Hearing	deaf_hh	1	79	alpha	1 or blank
4k	SP - Non-English Speaking	non_eng	1	80	alpha	1 or blank
4l	SP – Sexually Aggressive Youth	sex_agg	1	81	alpha	1 or blank
4m	SP – Pregnant	pregnant	1	82	alpha	1 or blank
4n	SP – Maternal	maternal	1	83	alpha	1 or blank
4o	SP – Juvenile/Criminal Justice	juv_cj	1	84	alpha	1 or blank
4p	SP – Communicable Disease Risk	comm_dis	1	85	alpha	1 or blank
5	GAF Score	gaf	3	86-88	num	000 – 100
6a	CAFAS – Role Performance	cafs_rp	2	89-90	num	00, 10, 20, or 30 or blank
6b	CAFAS – Behavior Towards Others	cafs_bto	2	91-92	num	00, 10, 20, or 30 or blank
6c	CAFAS – Moods/Self Harm	cafs_msh	2	93-94	num	00, 10, 20, or 30 or blank
6d	CAFAS – Substance Abuse	cafs_sa	2	95-96	num	00, 10, 20, or 30 or blank
6e	CAFAS – Thinking	cafs_thk	2	97-98	num	00, 10, 20, or 30 or blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
7a	Actively engaged in treatment?	act_treat	1	99	alpha	1, 2, 3 or blank
7b	Take medications?	meds	1	100	alpha	1, 2, 3 or blank
7c	Self-help?	self_help	1	101	alpha	1 or 2 or blank
7d	Community activities	communty	1	102	alpha	1, 2, 3 or blank
8a	Adm to Inpatient Unit – Psych	adms_psy	2	103-104	num	
8b	Admissions to Inpatient Unit - SA	adms_sa	2	105-106	num	
8c	Face to Face After Regular Hours?	face_reg	1	107	alpha	1 or 2
9a	SA – Tobacco	tobacco	1	108	alpha	0-4; blank
9b	SA – Heavy Alcohol	hvy_alc	1	109	alpha	0-4; blank
9c	SA – Alcohol	alcohol	1	110	alpha	0-4; blank
9d	SA - Marijuana/Hash	mar_hash	1	111	alpha	0-4; blank
9e	SA - Cocaine/Crack	cocaine	1	112	alpha	0-4; blank
9f	SA - Heroin/Opiate	her_opi	1	113	alpha	0-4; blank
9g	SA - Other Drug Code	sa_odc1	2	114-115	alpha	05 – 17; blank
9g	SA - Other Drug Frequency	sa_odf1	1	116	alpha	0-4; blank
9h	SA - Other Drug Code	sa_odc2	2	117-118	alpha	05 – 17; blank
9h	SA - Other Drug Frequency	sa_odf2	1	119	alpha	0-4; blank
9i	SA - No Use at All	sa_no	1	120	alpha	0 or blank
10	Living Arrangement	liv_arr	2	121-122	alpha	01-14
11a	Household supervised by AP?	apsup_hh	1	123	alpha	1 or 2
11b	Residence of client's choice?	res_choice	1	124	alpha	1 or 2 or blank
11c	Maximum independence?	max_ndpn	1	125	alpha	1 or 2 or blank
12a	Household free of substance abuse?	no_subs	1	126	alpha	1 or 2 or blank
12b	Physical abuse?	phy_abuse	1	127	alpha	1 or 2 or blank
12c	Child/Adult Protective Service Rpt?	caps_rpt	1	128	alpha	1 or 2 or blank
12d	Substandard housing?	sub_hous	1	129	alpha	1 or 2 or blank
13	Arrests?	arrests	1	130	alpha	1 or 2 or blank
14	Current Employment Status Code	emp_stat	1	131	alpha	0 – 9
15a	EE - Student	student	1	132	alpha	1 or blank
15b	EE - Unpaid/Community Service	comm_serv	1	133	alpha	1 or blank
15c	EE - Sheltered Employment	shel_emp	1	134	alpha	1 or blank
15d	EE - Supported/transitional Employment	supp_emp	1	135	alpha	1 or blank
15e	EE - Same Employer for 3 mos. or more	same_emp	1	136	alpha	1 or blank
15f	EE - Retired	retired	1	137	alpha	1 or blank
15g	EE - Unable to Work	cant_work	1	138	alpha	1 or blank
15h	EE - Institutionalized	inst	1	139	alpha	1 or blank
15i	EE - Incarcerated	incarc	1	140	alpha	1 or blank
15j	EE - Vocational Rehabilitation	voc_rehab	1	141	alpha	1 or blank
15k	EE - Waiting list	wait_list	1	142	alpha	1 or blank
15l	EE - ADVP	voc_rehab	1	143	alpha	1 or blank
15m	EE - Not seeking	wait_list	1	144	alpha	1 or blank
16a	Paid Hours Worked	pd_hrs	2	145-146	num	can be blank
16b	Unpaid Hours Worked	unpd_hrs	2	147-148	num	can be blank
16c	Work First Paid Hours	wf_pd	2	149-150	num	can be blank
16d	Work First Unpaid Hours	wf_unpd	2	151-152	num	can be blank
17a	A/V - Completed GED or other academic program?	ged_comp	1	153	alpha	1-3, 9 or blank

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
17b	A/V - Missed > 5 days school?	miss_schl	1	154	alpha	1 or 2 or blank
17c	A/V - Suspended or expelled?	susp_exp	1	155	alpha	1 or 2 or blank
17d	A/V - Completed vocational program?	voc_prog	1	156	alpha	1 or 2 or blank
	COI Sequence Number - to be manually generated on form and entered in file.	coi_num	9	157-165	num	4 bytes year; 5 byte seq number - used to tie paper form to entered record.
101	Age	age	3	166-168	num	calculated using Date of Birth and COI Date
102	Adult/child flag -	adu_chi	1	169	alpha	based on age; child = < 18, adult = 18 or older : A = adult C = child
103	Total CAFAS Score	cafs_tot	3	170-172	num	Total of scores in columns 88-97; can be blank.
104	Principal Diagnosis	prin_diag	5	173-177	alpha	
105	Principal Diagnosis Group	prin_diag_grp	2	178-179	alpha	NIMH diagnosis group of principal diag code
106	Most Recent Primary Diagnosis	curr_prim_diag	5	180-184	alpha	
107	Most Recent Diagnosis Group	curr_diag_grp	2	185-186	alpha	NIMH diagnosis group of most recent diag code
108	Next Most Recent Primary Diagnosis	prior_prim_diag	5	187-191	alpha	
109	Next Most Recent Diagnosis Group	prior_diag_grp	2	192-193	alpha	NIMH diagnosis group of next most recent diag code
110	Primary Disability - from LOE	loe_prim_diag	5	194-198	alpha	
111	Diagnosis Disability - derived from Principal Diagnosis	diag_disab	1	199	alpha	1=Mental Health; 2=Substance Abuse; 3=Developmental Disability; 4=Funded <u>Thomas S.</u>
112	Race	race	1	200	alpha	
113	Gender	gender	1	201	alpha	
114	County of Residence	county_res	2	202-203	alpha	
115	Level of Eligibility	loe	1	204	alpha	
116	Referral Source	ref_src	2	205-206	alpha	
117	Employment Status	emp_stat	2	207-208	alpha	
118	Education Level (at admission)	edu_lvl	2	209-210	alpha	
119	Marital Status	mar_stat	1	211	alpha	

Qu #	Long Name	Tech Field Name	Len	Columns	Type	Valid Values; Edits
120	Most Recent Admission Date <= COI Date	rec_adm_d ate	8	212-219	date	
121	Substance Abuse Flag	sa_flag	1	220	alpha	1or blank
122	Mental Health Flag	mh_flag	1	221	alpha	1or blank
123	Developmental Disability Flag	dd_flag	1	222	alpha	1or blank
124	SPMI Flag	spmi_flag	1	223	alpha	1or blank
125	Thomas S. Flag	thom_flg	1	224	alpha	1or blank
126	Willie M. Flag	will_flg	1	225	alpha	1or blank
	Note: Previous 6 flags are based on all diagnosis records for a client for admission date in column 20-27.					

CLIENT OUTCOME INVENTORY FREQUENTLY ASKED QUESTIONS AND ANSWERS

GENERAL QUESTIONS

1. Why did the State make up a new format for client outcomes? Are we reinventing the wheel?

In May 1998, the Division Outcome Work Group was charged by Division Director, John Baggett, Ph.D., to develop a short and simple instrument that would provide information about clients served in five domains. The Work Group surveyed the current state of art for outcome measurement and determined that the domains and questions asked on the Client Outcome Inventory (COI) are very much in line with indicators collected by other states. No single instrument has risen to the forefront of current use. The MH/SA COI borrows heavily from the Substance Abuse Outcome Instrument, the NC TOPPS form, and has coordinated development with the disability sections, the Client Data Warehouse, and the Council on Accreditation. The DD COI and the EI COI were developed to provide similar information, adding several domains, for additional client populations.

2. The Client Outcome Inventories do not really address client outcomes from a clinical standpoint. Why are we doing them?

The COIs are first steps to provide baseline information on the clients served by area programs. Some items on the COIs that do provide information on client functioning are the GAF and CAFAS scores, hospitalizations, substance use, progress through school and/or employment training, and use of crisis services. The EI COI has questions about family functioning and the child's progress in several skill areas. The DD COI asks about client participation and progress toward maximum independence.

Another way to measure client 'progress' is by asking clients how they feel about their treatment, any changes in their symptoms, ability to function, etc. Some area programs, on their own, are using the BASIS 32, which is a standardized instrument with 32 questions answered by the client. The Division Client Satisfaction Survey also measures client progress based on client self-response.

3. Which Client Outcome Inventory should be used with our different client populations?

Instrument	Client Population
Early Intervention COI (EI COI)	All children birth through five years
Developmental Disabilities COI (DD COI or DCOI)	Persons with primary disability of DD, ages 6 years and older
Mental Health/Substance Abuse COI (MH/SA COI)	Persons with primary disability of MH and/or SA, ages 6 years and older

4. Do we fill out COIs for clients who are seen several times but are not admitted to the area program?

No. Clients who receive screening and/or outreach services, but are not admitted are not included in the COI sample.

5. Which COI do we use for Thomas S. Clients, the MH/SA COI or the DD COI?

Area programs may use either the MH/SA or DD COI for clients receiving Thomas S. funds. The area program may choose to use the same COI for all its Thomas S clients or select the COI on an individual client basis. The same COI must then be used for subsequent COI administrations with that client. In other words, if a client starts with the DD COI, the area program must continue to use the DD COI for that client for consistent data results.

6. The scheduling timeframes are very specific for doing the COI. What happens if the client is seen before the due date for the next COI? Can it be given early?

The scheduling windows noted in the instruction manual are in place to build a system to measure compliance. However, if a client comes in a few days early, and the client is not likely to return for a scheduled treatment appointment during the time window for completing the next COI, the COI should be completed while the client is available to answer the questions. The COI should be submitted in that monthly batch and will be matched with the appropriate COI in the database.

7. Are we allowed to use the COI for a larger sample of our clients or for all of our clients?

Yes. An area program might choose to focus on a larger sample for a specific subpopulation, to gain a better understanding of that group, or to measure certain indicators. An area program might wish to look at specific services or providers to meet CQI requirements for the Council on Accreditation process (use the boxes in questions 2 b-d). The Division will process all forms sent by an area program.

8. How do we bill time spent completing the COIs?

Face to face time spent with a client discussing the COI questions as part of a treatment appointment or session is billable time. Time spent filling out the form that is not face to face is not billable.

9. Do current clients, who are already admitted to the area program prior to the new implementation date, need to have the initial, 3-month and 6 month COIs?

The administration schedule varies somewhat between the MH/SA COI, the DCOI and the EI COI. Charts comparing their schedules are noted below. In general, clients already admitted to the area program at the time of COI implementation will only have COIs once a year and at discharge. Early Intervention clients are the exception. Because these children are young and a yearly interval is a long time in a child's life, the first EI COI done with a current client will be at the next scheduled IFSP review, scheduled at 6 month intervals, after 10/1/99.

Mental Health/Substance Abuse COI Schedule

	Admission	3 mo.	6 mo.	Annual anniversary of area program admission or annual service plan rewrite	Discharge from Area Program
Current clients				X	X
Clients admitted after COI start	X	X	X	X	X

Early Intervention COI

	Admission	At next 6 mo. IFSP or service plan review	Annual anniversary of area program admission or annual service plan rewrite	Discharge from Area Program or transition to other area program service (DD or MH)
Current clients		X	X	X
Clients admitted after EI COI start	X	X	X	X

Developmental Disability COI

	Admission	6 mo.	Annual anniversary of area program admission or annual service plan rewrite	Discharge from Area Program
Current clients			X	X
Clients admitted after DD COI start	X	X	X	X

10. In our area program, only personnel privileged to diagnose may administer the GAF.

You may want to consider privileging some staff for clinical/diagnostic assessments, and another set of staff, such as case managers, to do the GAF for the COI only, for adults and children in the sample.

11. Do contract providers have to do COIs? What about existing contracts?

The area program must determine which provider is responsible for completing the COI for each client. The area program may choose to have contract providers complete the COIs if appropriate. Contract providers should receive training on how to complete the COIs.

When negotiating provider contracts, area programs should make sure that all outcome requirements are included as appropriate.

12. Some clients see more than one provider at our area program. Some clients receive services from more than one area program. Who should complete the COIs in these situations?

Only one COI is done per client no matter how many services the client actually receives at the area program or whether the client receives services from more than one area program. The area program must designate which clinician is most appropriate to do the COI with a client. If two area programs serve a client, they must designate the most appropriate clinician, such as a primary case manager.

13. How do we handle clients who have been discharged, then later readmitted to the area program?

Readmitted clients are considered 'new' clients. If the client number ends in 3 or 6, treat that client as a new client and do an admission COI, and update COIs as required by the individual's primary disability.

14. Item 1b. The data spaces for the unique ID have an extra space. Do we need to fill out this item for clients who are not Thomas S and Willie M?

The extra box in the unique ID item is for unusual circumstances, like twins. Usually, one box on the right will be blank. Begin with the first box on the left and leave the box on the far right blank.

Completing the unique ID for clients other than Thomas S and Willie M class members is optional. The unique ID provides the Division with an additional data check point for matching clients with other items in the Division Client Data Warehouse.

15. Item 2a. What is the facility code?

The facility code is the five-digit number used to identify the area program for Client Data Warehouse reporting. **THIS MUST BE COMPLETED ON EVERY FORM.**

16. What is the purpose of the local use boxes in Item 2?

The local use boxes allow the area program to identify a COI by a sub-program or provider within the area program. The Division will report data back to area programs by these codes, although the Division will not analyze this data. An area program may wish, for QI purposes, to study the characteristics of the clients treated by a provider or program, as well as look at specific indicators of progress. See #9 above.

17. Explain item 3b, "not able to complete".

This item should be used when a COI is scheduled, but the client has not been seen by area program staff within the appropriate scheduling window for the COI. When item 3b is marked, items 4-16 are not completed.

Item 3b should be used when a client is on inactive status at an area program, has not been discharged or the name comes up for a COI at a required time interval, but the client has not been seen within the scheduling window. Item 3b is also to be used if the client refuses to answer all of the questions on the COI.

18. Item 3b. Not able to complete. What if a client will answer some questions, but refuses to answer specific questions. Do I fill out item 3b?

Unable to complete refers to the entire form, not an individual data item. If the client is willing to answer most of the questions on the form, please fill out as much of the COI as possible and do not mark item 3b. If a client refuses to answer specific questions, leave those questions blank.

19. Item 3c. When do we fill out a discharge COI?

Fill out a discharge COI when a client is discharged from the area program. Do not use a discharge COI when a client is discharged from a program within the area program, such as a day treatment program or in-home preservation. The only exception to this rule is when a child ages out of the Early Intervention Program and is transferred to another service at the area program. Children aging out of EI and transferring to another service will start over again with an initial DD or MH/SA COI. No EI COIs are done on children when they turn 6 years old.

Most clients just stop coming to services, rather than being "officially" discharged; many are carried in data systems as inactive clients. Therefore, if a client is due for a scheduled COI, but has not been active as a client, the area program has the option of using Item 3b "not able to complete". Of course, the area program has the option of trying to contact the client for follow up and may complete the COI if the client is seen.

If the first COI to be completed on a client is to be done at discharge, because the client is leaving services or because the client has been inactive and the area program is closing the chart, **DO NOT COMPLETE THE COI**. The intent of the COI is to have at least two data points in time for each client, and if the first COI is done at discharge, there will not be two data points.

20. Item 4e. How would staff or a client know if the client is eligible for these benefits?

The question is not eligibility, but whether the client is actually receiving the benefit at the time of the COI. If the client reports receiving the benefit, fill in the appropriate box. Since eligibility is determined by DSS and/or Social Security, mental health agency staff would not otherwise know if a client is eligible for benefits.

21. Item 4i. Child in DSS custody. Does this apply to child clients only or to an adult client who might have a child in DSS custody?

This applies to the child client only, not to adult clients who may have children in DSS custody (although that is an interesting subgroup that could be studied some time in the future).

Specific MH/SA Client Outcome Inventory Questions

22. Item 7b. Why isn't there a choice of "somewhat" to describe whether a client is taking medication as prescribed?

In order to keep the COI as 'fact-based' as possible, the options are either yes or no.

23. Item 7b. What if a client is prescribed several medications? She takes one of them as prescribed, and doesn't take the other two as prescribed because of side effects. How do I answer yes or no?

If the client is not taking all medications as prescribed, answer 'no'.

24. Item 12b. Is spanking considered hitting?

The NC Reporting Law states that a child is abused "if the child's parent, guardian, custodian, or caretaker inflicts -- or allows someone else to inflict -- on the child, a serious, nonaccidental physical injury." Spanking, even if it does not cause serious physical injuries, may be considered "inappropriate discipline". Judgements are based on "normative standards".

If a clinician has questions about a child's safety or the appropriateness of discipline used on the child, the best course is to call DSS and let that agency make the determination of abuse or neglect.

25. Item 14. Employment. How would you answer if you know the client is a full-time drug dealer?

Illegal activities, such as drug dealing, are not considered employment.

- 26. Item 15. If a client is receiving some form of disability benefits and working part-time, which employment descriptors on the COI should the clinician use?**

Item 14 deals with employment primarily, so the question should be answered showing the client working part-time. Then use item #15 to add another relevant descriptors such as student, supported employment, etc.

- 27. Will there be possible repercussions in the future if a SPMI client, for example, has not correctly reported his part-time status (while receiving financial assistance)? The clinician asking this question is concerned that if there are possible repercussions, the clinician/client relationship might be damaged and trust broken.**

Confidentiality is, of course, important. The Division will not be able to identify a client based on the information provided, and would not provide potentially damaging information to someone else, even if it could identify the client, in compliance with confidentiality statutes. The Division will not report any personally identified client information. The Division's intent is to maintain confidentiality at the same level as the area program.

SPECIFIC EARLY INTERVENTION COI QUESTIONS

- 28. Item 3c. What happens when a child ages out of EI services and is transferred to Child Mental Health services or DD services at the area program. Is that a discharge? Do I do a new admission (initial) COI for the child in the new service?**

Yes. The EI COI is only completed for children birth through age 5. If a child aging out of EI services is transferred to another section within the area program, do a discharge on the EI COI. When the child begins services with MH or DD services, an initial MH/SA or DD COI will be completed and the schedule will continue as if the child is a 'new' client.

- 29. Item #12. When asked if a family member has received MH services, the family responds that a member has used Substance Abuse Services. How should this question be answered?**

We are not asking about SA services because it increases the level of confidentiality required for handling the instrument. If that is the only service used, just leave the mental health question blank.

- 30. Do Item #4 codes apply to the child and the family/guardian? A number of categories might apply to family members as well as the child.**

No, these codes only apply to the child who is the client. Mark only those categories that apply to the child, not other adults or family members.

- 31. Does 'alternative family living' apply to clients placed with friends, non-relatives on an informal basis.**

Yes

- 32. EI item #7 - What if a child is receiving both in-home and facility-based services?**

Answer this question as it relates to facility-based services or other services out of the home. The intent is to look at inclusion in out of home services. Disregard in-home services.

- 33. What if the family perception is dramatically different from the clinician perspective? Is there ever a time when the family report would be overridden by the clinician?**

No.

SPECIFIC DEVELOPMENTAL DISABILITIES COI QUESTIONS

- 34. Please clarify the time frame for question 17. Example: my adult client was living at home until two months ago. Medical care was excellent. Now he is living in a group home and he is unhappy with the medical care he has received. How should this question be answered?**

Questions 17 through 23 refer to the current status. In your example, if the client is unhappy about services now and feels that his needs are not being met, then answer accordingly.

- 35. Item #24. My adult (over 18 yrs.) client is living in an apartment with three other individuals. She feels very safe and is happy with the arrangement. Her mother, however, feels that the apartment is unsafe and that the client is at risk of being exploited financially. How should this question be answered?**

If the client feels safe and does not express concerns, answer no. If the mother is the client's legal guardian, her concerns should be reflected on the DD COI and the answer should be yes.

OPERATIONS QUESTIONS

36. If the Division returns a COI form for corrections, how should I return it to the Division?

Once the COI is completed/corrected, hold it for submission with the next scheduled monthly batch of forms. Do not send it back individually to avoid loss.

37. How will area program compliance with the COI be monitored?

The Division will initially monitor compliance by matching submitted forms against those expected.